Australian Government
Department of Immigration and Border Protection

Medical Officer of the Commonwealth (MOC) advice pack 2017

PROCEDURAL INSTRUCTION

The MOC Advice Pack provides policy support for MOCs when formulating their opinions on whether applicants who undertake Immigration Medical Examinations (IMEs) meet the health requirement. This document is primarily for use by MOCs who work for the Department of Immigration and Border Protection's (DIBP) migration medical service provider (MMSP), and provide health assessments on Australian immigration health examinations conducted both inside and outside Australia.

Approval Date	05/05/2017f
Date of Review	05/05/2018
Contact	Health Policy, MOC Advice Pack Contact Officer: s. 47E(d) @border.gov.au
Document ID	VM-1022
Trim Reference	ADF2017/50749

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Introduction

Purpose

This MOC Advice Pack, released on 1 July 2017, provides policy support for MOCs when formulating their opinions on whether applicants who undertake Immigration Medical Examinations (IMEs) meet the health requirement.

This document is primarily for use by MOCs who work for the Department of Immigration and Border Protection's (DIBP) migration medical service provider (MMSP), and provide health opinions on information provided from Australian immigration health examinations conducted both inside and outside Australia. However, it may also be used by MOCs within DIBP in those limited circumstances where a DIBP MOC provides an opinion for operational reasons as well as for audit of MMSP by DIBP.

Non-migrating family members, and people who intend to but have not yet applied for a visa, are also included. For the purposes of this document, all of this cohort will be regarded as "applicants".

This document provides advice for MOCs on:

- diseases/conditions considered to be a public health threat
- assessing visa applicants against the "significant cost threshold", including what costs and what time period are relevant to this assessment
- services in "short supply" that are considered likely to result in prejudice to access
- drafting MOC Opinions
- recording information in the Health Assessment Portal (HAP).

Clinical guidance is beyond the scope of this document and MOCs should refer to the relevant Notes for Guidance papers to support clinical opinions.

Further resources and use of this MOC advice pack

Important: Where a MOC opinion is provided, it is important to remember that a MOC must provide an individual assessment against the relevant criteria in the *Migration Regulations 1994* (the Regulations), taking into consideration current policy guidelines which are outlined in the Health Policy Advice Manual (PAM).

Where particular MOC assessment outcomes are specified in this guide, they are recommendations only which are designed to assist MOCs and encourage consistency in MOC decision-making. MOCs should consult the PAM for more specific advice regarding the legal and policy framework which they must operate within.

Copies of the relevant sections of the Regulations can be viewed on Legend. Hyperlinks in HAP also display the current version of the relevant regulatory criterion.

Notes for Guidance

The Notes for Guidance for Medical Officers of the Commonwealth (NfG) papers provide clinical guidance to MOCs about whether specific health conditions are likely, in the hypothetical person, to result in an adverse health outcome. They are maintained and updated by the MMSP, with input and clearance provided by DIBP, and is publicly accessible on LEGEND.

Detail is provided about background to specific medical conditions, clinical information which will be required to allow MOCs to form an opinion, including advice about the methods used for calculating the financial implications and, in some cases, consideration of prejudice of access to services. They should be used by MOCs ensure both transparency and consistency in MOC opinions.

HAP Advice Pack for MOCs

The Health Assessment Portal (HAP) User Guide provides technical advice and support for MOCs and can be used in conjunction with this guide.

Further assistance

Additional information or questions about this document should be directed to the health mailbox at s. 47E(d) **@border.gov.au** in the first instance.

Scope

This document is primarily for use by MOCs who work for DIBPs MMSP, and provide health assessments on Australian IMEs conducted both inside and outside Australia. However, it may also be used by MOCs within DIBP in those limited circumstances where a DIBP MOC provides an opinion for operational reasons, as well as for use in the audit of MOCs within MMSP. It outlines processing instructions and provides further context and background to MOCs. Clinical guidance is provided in The Notes for Guidance for Medical Officers of the Commonwealth paper and instructions for programme and visa processing areas is covered in Sch4/4005-4007 – The Health Requirement. There may be further clarification for MOCs provided by email outside this document and as such MOCs need to ensure that any such direction is used in conjunction with this document.

Glossary

Table 1 – MOC Advice Pack terms

Term	Acronym	Definition
Administrative Appeals Tribunal	AAT	Conducts independent merits review of administrative decisions made under Commonwealth laws.
Antiretroviral Drugs	ARV	Drugs that inhibit the activity of retroviruses such as HIV.
Blood Borne Virus	BBV	viruses which are transmitted blood to blood contact.
Chest X-ray	CXR	Radiological image of chest
Communicable Diseases Network of Australia	CDNA	Provides national public health co-ordination and leadership, and support best practice for the prevention and control of communicable diseases.
Deferred		Processing of the applicant's visa application cannot continue until they provide the additional information requested by the MOC.
Deoxyribonucleic Acid	DNA	Chromosomal material
Department of Health	DoH	The Department which seeks to promote, develop, and fund health and aged care services for the Australian public.
Department of Immigration and Border Protection	DIBP	A department of the Government of Australia that is responsible for immigration, citizenship and border control.
Disease Modifying Anti-Rheumatic Drugs	DMARDs	Group of drugs used to modify disease in immunological conditions
Does Not Meet	DNM	The applicant has not met the health requirement and a visa cannot be granted unless a health waiver is available and exercised.
Ebola Virus Disease	EVD	Viral illness
Exposure Prone Procedure	EPP	Medical or surgical procedures with increased risk of transmission of BBV
Extensively-drug resistant Tuberculosis	XDR-TB	TB which is resistant to first and second line medication
Health Assessment Portal	HAP	A departmental system that allows officers to record client health declaration data, determine what health examinations clients are required to undertake, and generate health identifiers and documentation.
Health Care Worker	HCW	People delivering health care services In the context of MOC Assessments, defined as doctors, dentists, nurses or ambulance paramedics.
Health Undertaking	HU	An agreement that an applicant makes with the Australian Government to attend a health clinic in Australia to follow-up on the condition for which the Health Undertaking was requested.
Hepatitis B Virus	HBV	Viral infection
Hepatitis C Virus	HCV	Viral infection
Human Immunodeficiency Virus	HIV	Viral infection

Term	Acronym	Definition
Immigration Medical Examination	IME	Medical examinations required to assess whether an applicant meets the health requirement as part of the visa application process.
Interferon Gamma Release Assay	IGRA	A blood test used to identify previous exposure to TB
International Classification of Diseases	ICD	Self explanatory
Latent Tuberculosis Infection	LTBI	A state of persistent immune response to stimulation by tuberculosis antigens without evidence of clinically manifested active TB.
Medical Officer of the Commonwealth	MOC	Qualified medical practitioners employed by the Department of Immigration and Border Protection or the Medical Migration Services Provider
Medical Treatment Visa	MTV	A visa which allows people to travel to Australia for medical treatment or consultations, to support someone needing medical treatment or to donate an organ.
Meets		The applicant has met the health requirement and the visa can be granted if all other criteria are met.
Meets (Reduced Stay)		The applicant has met the health requirement and the visa can be granted if all other criteria are met. The period that the visa officer intends to grant the visa for should not be longer than the period for which health was assessed.
Meets with Undertaking		The applicant will meet the health requirement if they provide the visa officer with a signed undertaking form (form 815).
Migration Medical Service Provider	MMSP	A network of panel clinics contracted by the department to complete applicants' immigration health examinations in Australia.
Multi-drug resistant Tuberculosis	MDR-TB	A form of TB infection caused by bacteria that are resistant to treatment with at least two of the most powerful first line anti-TB drugs.
Multiple Sclerosis	MS	A chronic degenerative, often episodic disease of the central nervous system.
No clearance required.		An applicant for a XC-785, UO-786, XE-790, CD-851 or XA-866 visa has completed their required health examinations and no conditions considered to be a threat to public health have been identified.
Pharmaceutical Benefits Scheme	PBS	A program of the Australian Government that provides subsidised prescription drugs to residents of Australia, as well as certain foreign visitors covered by Reciprocal Health Care Agreement.
Policy Advice Manual	PAM	Provides guidance and recommendations to DIBP staff.
Public Interest Criteria	PIC	two main public interest criteria that affect visas are health requirements and the character provisions. The PIC is often the legislative basis for granting or refusing applications or refusing entry to Australia.
Ribonucleic Acid	RNA	Chromosomal material
The Notes for Guidance for Medical Officers of the Commonwealth	NfG	Provides clinical guidance to MOCs about specific health conditions

Term	Acronym	Definition
Total Records and Information Management	TRIM	A departmental enterprise document and records management system for physical and electronic information designed to help businesses capture, manage, and secure business information in order to meet governance and regulatory compliance obligations.
Tuberculin Skin Test	TST	A medical test to determine previous exposure to TB
Tuberculosis	TB	An infectious disease caused by the Mycobacterium tuberculosis and which often infects the lungs
Visa Processing Officer	VPO	Departmental officer who processes visa applications for people wanting to come to Australia.

Procedural Instruction

Part One: assessing applicants who may have a condition considered to be a public health threat or danger to the community

A visa applicant with tuberculosis (TB) or a disease or condition that may result in the applicant being a "threat to public health" in Australia or a danger to the Australian community will not meet the health requirement and this health requirement cannot be waived – see 4005(1) (a) and (b), 4006A(1)(a) and (b) and 4007(1)(a) and (b).

The Department of Health (DoH) provides information to DIBP on diseases or conditions that may potentially be a public health threat.

Conditions considered to be a public health threat under current immigration health policy are discussed below.

Important: temporary or country-specific arrangements may also be put in place to manage emerging health issues of particular concern such as Poliomyelitis or Ebola Virus Disease (EVD). MOCs will, however, be provided with specific instructions regarding these arrangements where this occurs.

Tuberculosis

TB, whether pulmonary or extra-pulmonary, is the only disease or condition that is specifically mentioned in the Migration Regulations and prevents the grant of a visa (see 4005(1)(a); 4006(1)(a); 4007(1)(a)). For the purposes of the health requirement, free from TB is defined as free from active TB. That is infection with mycobacterium tuberculosis that is actively replicating, diagnosed through clinical, radiological or pathological methods, until completion of treatment and tests confirm absence of bacteria.

A diagnosis of active TB is made using evidence obtained from the clinical examination, radiological findings, and pathology testing performed as part of the Immigration Medical Examination (IME).

As a result, as outlined in the Health PAM, the health outcome of applicants undergoing active TB treatment or monitoring should remain 'deferred' until they are able to demonstrate that they have successfully completed treatment, and are assessed as being free from TB. This includes applicants diagnosed with drug resistant disease.

Applicants who have indicated to the panel physician that they have refused treatment, or it is clear that the applicant has refused to satisfactorily adhere to their treatment regimen, are considered a threat to public health. These applicants will not meet the health requirement and a "Does not Meet (DNM)" opinion is appropriate. This is because they have failed to satisfy PIC 4005/6/7(1)(a) and (b). Generally, though, applicants should be counselled by the panel physician to complete treatment and a DNM opinion should only apply to those who continue to refuse appropriate treatment.

There are no exceptions to the specific requirement for visa applicants to be free from active TB. MOCs are required to assess health cases taking into consideration clinical findings, TB risk, radiological findings and latent TB infection testing when required. If there are CXR abnormalities these will determine if additional testing to exclude active TB is required, and, at a minimum require sputum smear and culture. MOCs cannot rely on TB clinics on clearing applicants on clinical signs alone and must await sputum testing results. MOCs should always exercise discretion and caution in assessing cases.

This section provides guidance about some specific processing aspects of managing TB cases.

Sputum testing

MOCs should be aware that reliable sputum test results are dependent on various factors, including but not limited to collection techniques, and transport to and expertise of the laboratory used. In higher risk locations, DIBP reviews TB laboratories used by panel members offshore to ensure high quality facilities are used. A list of these approved facilities is found in the Panel Member Instructions.

Applicants in these countries must attend or have their sputum specimens processed by the specific TB diagnostic facility to ensure the integrity of results. Laboratory results provided by non-approved facilities in higher risk locations do not provide the same assurance as the designated list. As such MOCs should be cautious when interpreting results from non-approved facilities and under Policy should defer further assessment of cases with repeat chest x-ray (looking for stability) and sputum cultures in 6 months.

Where applicants have been treated for TB by a non-approved treatment facility in these higher risk countries, further assessment as to whether they are free from TB should be deferred until 12 months following completion of treatment. After this period, applicants will need further clinical review (either by the panel physician or the chest specialist) and repeat sputum testing at an approved facility.

Please note this process is only required for countries where designated/approved TB facilities are listed in the Panel Instructions (i.e. it is NOT required for countries which are not listed, such as the United States)

Drug resistant TB

The management of drug resistant TB (especially multi - or extensively - drug resistant- MDR or XDR TB) can be complex and requires specialist input. The minimum treatment period for pan-susceptible TB is 6 months, but this period can be significantly longer if drug-resistance is identified, and a subsequent monitoring period may be required before the applicant can be found to be 'free from TB'.

All cases where drug resistance has been identified (mono, poly, multi or extensively drug resistant), either before or during the Immigration Medical Examination (IME) process, require review by an expert panel of TB specialists in Australia, once treatment has been completed. This panel is known as the "Complex TB Committee".

DIBP liaises directly with this expert panel, which will collectively provide advice about any additional testing or monitoring which may be recommended.

Following deference for drug-relevant treatment and diagnostic results, MOCs must complete the appropriate referral template (see Attachment D) to facilitate this referral. The case should be placed "**on hold**" in HAP with the wording "Drug Resistant TB has been identified. Case has been sent to expert medical panel for further advice".

This referral should be forwarded to s. 47E(d) @border.gov.au; it will then be forwarded to the Complex TB Committee. Chest X-ray attachments do not need to be routinely provided but may be included if particularly relevant, or if the Complex Committee requests.

The completed template, with advice received from the Complex TB Committee, will be returned to the MOC so a definitive MOC opinion can be provided.

Note where applicants have attended non-designated centres these additional requests should not be completed until after the 12 month deferred period.

MOC assessments and the 719 TB test

Children from higher TB incidence countries are a particularly vulnerable group and DIBP has introduced TB screening for this cohort, if applying for permanent migration. Please note that the 719 TB test is not currently required for non-migrating dependents (NMD).This screening applies to children who are between the ages of 2 and 11. Latent TB screening is also required for any visa applicant (including temporary and irrespective of age) if they are known to be close household contacts of an index TB case, provided that index case was in the five years prior to the IME.

The purpose of this screening is to both detect latent TB infection (LTBI) and triage cases that might require further testing to exclude active TB.

The 719 TB test requires applicants to undergo either a Tuberculin Skin Test, or Interferon Gamma Release Assay (IGRA).

What is considered to be a positive latent TB screening test result?

For the purposes of immigration health screening:

- a TB test is considered positive if the TST is greater than or equal to 10mm induration, or the IGRA test is reported as positive;
- TST results less than 10mm, or a negative or indeterminate IGRA, should be regarded as a negative (719) TB test.
- For those applicants who proceed to testing because they are close household contacts of an index case, a TST is deemed positive if greater than or equal to 5mm induration.

All cases with a positive TST or IGRA, or cases with an indeterminate IGRA **require review by a MOC**.

All applicants with a positive 719 TB test require a CXR to exclude active pulmonary TB. In children, a lateral CXR as well as a standard image is required. MOCs should defer cases with a positive 719 test if this imaging has not already been provided.

Children with CXR findings will need review by an appropriate specialist (paediatrician or pulmonologist). *Note: Any child with abnormal CXR even with negative sputum results must be considered to have high suspicion of active TB as children often have no, or atypical symptoms.

Applicants with negative CXR and without clinical findings will, by definition, have a diagnosis of latent TB infection (LTBI).

LTBI does not preclude health clearance, even if the applicant is on treatment for LTBI, and MOCs should finalise these cases in HAP if no additional significant health conditions have been identified. If offshore, a meets with health undertaking is appropriate. If onshore, a meets opinion is appropriate as referral for ongoing care will be provided by the panel physician as part of their duty of care.

TB Health Undertakings

TB Health Undertakings are a means whereby visa applicants are required to attend State and/or Territory Chest Clinics after arrival in Australia. Due to workload demands of these clinics it is important that only those at greatest risk are reviewed.

Health Undertakings are not appropriate for onshore applicants who will attend respiratory clinicians as part of their work up (deferral) to exclude active TB.

Chest clinics may recommend discharge, ongoing surveillance or additional testing or treatment.

In general, where no other significant health condition is identified, MOCs should provide a meets with Health Undertaking for TB for all **offshore** applicants in the following groups:

- applicants intending permanent stay in Australia
- applicants intending temporary stays of greater than 12 months
- applicants intending temporary stays less than 12 months if there are exceptional circumstances
- higher risk applicants such as health care workers and immunocompromised persons with CXR findings no matter the period of stay

AND IF THEY FIT INTO ONE OF THE FOLLOWING THREE CATEGORIES:

- Latent TB Infection - i.e. the 719 test (IGRA or TST) is positive or indeterminate
- Persons who are at risk of reactivation of LTBI (e.g. those with abnormal CXRs but in whom active TB has been excluded)
- Any previous TB treatment in the past five years regardless of whether the x-ray is normal or not.

MOC processing of TB cases in HAP

Cases where active TB needs exclusion need further investigation. In some cases this will have taken place prior to MOC assessment (e.g. if automatically deferred by the eMedical system). If not, the MOC should defer the case using the 603 deferral code for chest clinic investigation. MOCs must edit this code to clearly advise the radiological abnormality identified, and to provide explicit instructions about what tests are required.

All sputum samples which are smear positive require molecular testing (e.g. Xpert RIF/MTB), if available. All samples which are culture positive require first, and, if relevant, second line drug susceptibility testing (DST) regardless of whether molecular tests were undertaken. If DST test results were not provided by the panel physician, the MOC must defer. It is not necessary to defer for the results of molecular testing, if that has not been provided.

If sputum tests are negative then a minimum of three months radiological stability is required so repeat chest X-rays must be at least three months apart, or six months if sputum testing was conducted at a non-designated laboratory in that country.

All applicants needing exclusion of active TB should be deferred using the 603 deferral code (Respiratory Specialist investigation on current state of tuberculosis). To avoid confusion for panel physicians, this must be edited by the MOC as appropriate (e.g. to include CXR findings, or to remove the sentence requesting information that is already available). MOCs would not normally be able to clear applicants with abnormal chest x-ray if sputum results are not available.

All applicants on treatment for TB need to be managed and monitored as outlined in the Panel Member Instructions. Panel members will generally submit cases in eMedical upon receipt of a positive sputum test or chest specialist opinion recommending treatment. The MOC should defer these cases using the 607 serial code (Continued Anti-tuberculous treatment) and edit to ensure mandatory sputum testing as part of treatment monitoring is included.

600 series codes available for MOC use should be used in the following situations:

Code	Description	When MOCs should use:
601	Sputum smears and cultures	If sputum tests were not provided according to panel instructions (e.g. at end of treatment).
602	TB specialist's report	If previous treatment for TB has been indicated in the history and insufficient detail has been provided or is unavailable (e.g. in previous health cases).
603	Respiratory Specialist investigation on current state of tuberculosis	Most cases needing further investigation.
604	Chest clinic investigation about radiological abnormality	Usually to investigate a CXR abnormality which is unlikely to be TB related (e.g. possible malignant condition)
606	Initial TB investigation	This code should not be used*
607	Continued anti-tuberculosis treatment	If initial diagnosis has been confirmed and treatment is on-going.
608	Await tuberculosis culture results	If smears are available but cultures have not been provided. Should only occur in paper cases where panel are advised to notify us if smear positive (should rarely be required)
610	Pulmonologist's report	This is for non-TB related conditions.

* Will be removed from the system in due course as systems allow.

The deferral is likely to require editing so it includes accurate and up to date information. MOCs must ensure the wording is edited to reflect the individual case requirements. For example, add request for molecular testing if smear positive. MOCs must ensure that the request for further information in the deferred case is specific and is clear.

ICD codes and details of sputum testing results must be entered into HAP when available and when prompted by the system. At case finalisation the MOC should check details and edit if necessary (e.g. to add resistance patterns if those were not initially available). If this information is not provided by the panel physician, the MOC should defer requesting it.

All cases where active TB was identified during the IME process, or if the applicant was on treatment at the time of the IME, should be entered as **ACTIVE TB** (ICD A16.9) even though the applicant has, at the time of the final MOC opinion, completed treatment (and no longer has active TB).

Blood Borne Viruses (BBVs)

As outlined in the Health PAM, additional health examinations apply if a visa applicant intends to work as, or study to be, a doctor, dentist, nurse or ambulance paramedic. This group of applicants are referred to as Health Care Workers (HCWs).

Health care workers and students of these professions require a medical examination (501), x-ray examination (502), HIV (707), Hepatitis B (708) and Hepatitis C (716) tests, regardless of TB risk or visa class. This screening is required to identify applicants who may be a threat to public health.

The Communicable Diseases Network of Australia (CDNA) guidelines state:

- *All HCWs infected with a BBV should remain under regular medical supervision.*
- *HCWs must not perform Exposure Prone Procedures (EPPs) if they are human immunodeficiency virus (HIV) antibody positive.*
- *HCWs must not perform EPPs while they are hepatitis C virus (HCV) RNA positive, but may be permitted to return to EPPs after successful treatment or following spontaneous clearing of HCV RNA.*
- *HCWs must not perform EPPs while they are HBV DNA positive, but may be permitted to return to EPPs following spontaneous clearing of HBV DNA or clearing of HBV DNA in response to treatment*

Therefore, HCWs in the above categories are considered, under policy, to be a threat to public health **if they intend to be involved in Exposure Prone Procedures (EPPs).**

An **exposure-prone procedure (EPP)** as defined by CDNA is a procedure where there is a risk of injury to the HCW resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

(Ref: http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm)

As a result, in assessing HCWs against the health requirement, a MOC needs to know whether or not they will be performing EPPs as part of their employment/education in Australia. A Health Care Worker Duty Statement must be provided by the applicant.

Dentists and dental students with BBV infection as outlined above will not meet the health requirement on public health grounds as dental work always involves EPPs. A HCW Duty Statement is NOT required.

Doctors, nurses, ambulance paramedics and students of these professions with BBV infection as outlined above, and NOT involved in EPPs, should be placed on a health undertaking

If required, MOCs should defer cases with the serial code 721 "Health Care Worker Duty Statement". Applicants are then required to provide a statement from their prospective employer or educational institution stating that they will not be involved in EPPs. A statutory declaration can be submitted if such a statement is not available (e.g. if the applicant does not have a prospective employer). These statements are provided to their visa processing officer and uploaded into the HAP for MOC review.

Please see advice below for MOCs regarding assessing HCW cases where a BBV is identified as part of the immigration health examination process.

See also separate section on *Assessing onshore protection cases*

Health Care Workers who

1. are HBsg positive and have detectable Hepatitis B virus DNA (HBV-DNA),

2. Hepatitis C positive and have detectable Hepatitis C virus RNA (HCV – RNA)
3. Are HIV positive regardless of viral load or CD4 count

will not meet health on public health grounds **if they intend to be involved in exposure prone procedures.**

Assessing onshore protection visa applicants

Overview

This section relates to the assessment of health examinations completed by applicants who apply for the following visa subclasses. The health PICs do not apply to these subclasses with specific 'health' regulations included in the Schedule 2 requirements for these visas. Applicants for these visas cannot fail to meet the health requirement and are only assessed on public health grounds.

- Protection (subclass 866) visa;
- Temporary Protection (subclass 785) visa;
- Temporary (Humanitarian Concern) (subclass 786) visa; and
- Safe Haven Enterprise (Subclass 790) visa (SHEV).

TB and onshore protection cases

Onshore protection visa applicants can be provided with a No Clearance Required outcome unless the following scenarios apply in which case a health undertaking should be requested:

- A chest clinic (603) deferral would normally be required (see *MOC assessments and TB* section above); **and**
- The applicant has not previously been on a health undertaking and/or been referred to a chest clinic onshore with evidence provided of their attendance and review.

Note where active TB is suspected, even though a Health Undertaking is appropriate, arrangements should be put in place to ensure that applicants are immediately referred to a state or territory chest clinic or respiratory specialist.

HIV and onshore protection cases

Protection visa applicants with HIV disease and in whom TB has been excluded should be provided with a No Clearance Required with Health Undertaking for HIV disease. The only exception to this is if they have previously been provided with an HIV Health Undertaking.

Hepatitis and onshore protection cases

A No Clearance Required outcome is appropriate for applicants who are identified as:

- HBsAg positive; or
- HCV seropositive; and
- have not previously been requested to sign up to a health undertaking.

An undertaking should not be requested if the applicant has previously been provided with a Hepatitis B or C undertaking.

Part Two: Determining estimated health costs and understanding the "significant cost threshold[1]

What costs are relevant?

A visa applicant (or non-migrating family member) cannot be found to meet the health requirement for the grant of certain visas if they have a disease or condition that is likely to result in a "significant cost" to the Australian community in the areas of health care or community services – see 4005(c) (ii) (A), 4006A (1) (c) (ii) (A) and 4007(1) (c) (ii) (A).

Under policy, the threshold at which costs are currently considered to be significant is **AUD 40,000**.

"Health care" is not defined under migration law. Under policy, health care is taken to include:

- ongoing medical services (e.g. renal dialysis)
- hospital services (both inpatient and outpatient care)
- residential and nursing home care services
- palliative care
- community health care
- community consultations (e.g. general practitioners, specialists, allied health and other health care providers, if subject to a public subsidy)
- rehabilitation services
- disability services
- medications subsidised by the PBS (Pharmaceutical Benefits Scheme).

Regulation 1.03 of the Regulations provides that "community services" is taken to include an Australian social security benefit, allowance or pension. Under policy, the term is also taken to include:

- supported accommodation services (e.g. homes, hostels and large institutions)
- personal care services (e.g. attendant care and in-home support)
- respite care
- specialist educational services (except Education Entry Payments)
- employment support
- equipment services and rehabilitation services
- home and community care

[1] **Note:** These instructions are based on the health requirement as specified in the Migration Regulations since 5 December 2011. It is noted that different requirements will apply to any residual temporary visa applications lodged between *1 July 2011 and 5 December 2011*. As MOCs will not be aware of the visa application lodgement date, they should, however, apply the guidelines in this document unless specifically advised otherwise by Immigration Health Branch.

Hypothetical person test

When assessing the likely costs involved with a disease and/or condition that an applicant has, MOCs **must apply the hypothetical person test**, which was clarified in the case of *Robinson v Minister for Immigration and Multicultural and Indigenous Affairs and Another* (2005) 148 FCR 182.

MOCs must therefore take into account the cost of health care or community services for which a **hypothetical person with the same form and level of the applicant's condition** would be eligible. This test is given effect by the statement in the health PICs that they apply '*regardless of whether health care or community services will actually be used*'.

When considering if an applicant is likely to meet the health requirement, MOCs must not consider personal circumstances above and beyond the:

- nature of the health condition
- severity of the health condition
- age of the applicant
- type of visa applied for
- visa period.

If a hypothetical person is likely to require a particular service on medical or other grounds, a MOC is required to assume that they will use it.

As a result, an applicant would still, for example, fail to meet the health requirement despite their argument that they would not be a significant cost to the community because:

- they indicate they will choose not to use available services
- their costs will be met through a variety of alternative means such as their savings, reciprocal health care agreements or their comprehensive health insurance
- they will not require the services they have been costed for as they will bring their own supply of medication or be travelling with a carer
- another party will cover the costs such as a foreign government (e.g. scholarship)
- their family members will be caring for them or providing support
- the services required are not available in particular locations in Australia.

The costs of such services cannot be excluded from the MOC costing. **Important:** The only exception to this is where, as discussed below, certain services (and hence related costs) are excluded for temporary visa applicants (excluding provisional visa applications) – see PIC4005 (3), PIC4006A (1B) and PIC4007 (1B).

Costs that should be excluded from costing calculations for temporary visa applicants

If the applicant is applying for a temporary visa, the below services, which are listed in a legislative instrument (IMMI 11/073), are to be **excluded** from the MOCs cost assessment:

- social security payments
- costs associated with issuing a Health Care Card or Pensioner Concession Card
- pharmaceuticals listed under the Pharmaceuticals Benefits Scheme (PBS) that, if ceased, would likely not be seriously detrimental to the applicant's life or wellbeing.

Medications considered to be seriously detrimental if stopped are:

- antiretroviral therapy (ARV) in HIV management
- immunosuppressant therapy for post-transplant applicant
- interferon and immunomodulating therapy for Multiple Sclerosis (MS) (if PBS eligibility criteria satisfied at the time of assessment)
- biological Disease Modifying Anti-Rheumatic Drugs (DMARDs) (if PBS eligibility criteria are satisfied at the time of assessment)
- synthetic blood products or recombinant factors
- iron chelation therapy.
- chemotherapeutic agents used to treat malignancies (if PBS eligibility criteria satisfied at the time of assessment)

What period of stay is relevant?

Where assessing 'significant costs', a MOC must assess the visa applicant against the health requirement for:

- a period for which the Minister (or delegate of the Minister) *intends to grant the visa* if the visa applicant has applied for a *temporary* visa
- a *permanent stay* (i.e. a period commencing when the application is made) in Australia if the visa applicant has applied for a *permanent* visa
- a *permanent stay* (i.e. a period commencing when the application is made) in Australia if the visa applicant has applied for a *provisional* visa subclass.

– see PIC4005 (2), PIC4006A (1A) and PIC4007 (1A).

Permanent and provisional visa applicants

Under policy, when assessing a permanent visa applicant against the significant cost threshold ($40,000), the time period for estimating costs should be calculated as follows:

- if *the applicant is aged less than 75 years:* a five year period; or,
- if *the applicant is aged 75 years or older:* a three year period;

unless:

- *the applicant has a condition that is permanent and the course of the disease is inevitable or reasonably predictable (65% likelihood) beyond the five year period* - in these circumstances, the applicant would be assessed for 'lifelong' costs. When assessing 'lifelong' costs, the MOC should include estimated costs over the applicant's estimated remaining life expectancy. Life expectancy by age, sex and disability can be found on the website of the Australian Bureau of Statistics
- *the applicant has an inevitable or reasonably predictable (65% likelihood) reduced life expectancy due to their health condition or disease* - in this case, the applicant should be assessed for the reduced life expectancy.

Temporary visa applicants

For temporary visa applicants, the estimated costs for their proposed stay in Australia must be assessed over the period of time that the visa processing officer intends to grant the visa for.

For example, a student visa applicant with health care costs of $16,000 per annum, who will be granted a one year visa, should be found to meet the health requirement. On the other hand, a student visa applicant with costs of $16,000 per annum, who will be granted a four year visa, would not meet the health requirement. This is because the total health care costs for that student of $64,000 exceed the significant cost threshold.

Temporary visas with multiple stays

Some visa products allow a DIBP case officer to grant a visa with multiple entries to Australia. For example, a visitor visa might be granted with a validity period of five years, but with a maximum stay period of 12 months. This means that the visa holder can use the visa for a total of five years, but they are only allowed to stay for 12 months each visit.

For the purpose of MOC assessments for temporary visas, the Department's current policy is that the MOC assessment should be in relation to the stay period (that is, the maximum period that the visa holder can stay in Australia for at one time - 12 months in the example above), not the visa validity period (that is, the period during which the visa holder can return to Australia – five years in the example above).

Note: This policy is currently under review.

Assessing temporary visa applicants in practice

At the time that a MOC is providing their opinion, they are unlikely to know the period the visa officer intends to grant a visa for. This is because this period can change depending on discussions between the visa officer and the visa applicant, and may not be decided until just before visa grant.

As a result, under policy, unless a permanent assessment is requested (see below for more information), MOCs must first provide an opinion against a default assessment period that is provided for within HAP. This period is the maximum stay period for the relevant visa under policy or regulations where defined.

If a significant health condition is identified and the applicant will not meet the health requirement for the default period, the MOC should provide a 'DNM' opinion in the first instance.

It is then the responsibility of the visa officer to request a re-assessment by a MOC for a shorter period of grant and therefore assessment period where appropriate (as outlined in the Health PAM). When a new assessment is requested, the visa officer will enter into HAP the revised assessment period for the MOC to use and the MOC must provide a new opinion. The minimum stay period MOCs should cost against is three months (**exception** – applicants on dialysis seeking short term visits see below).

If the applicant meets the health requirement for this reduced period, the MOC opinion in this scenario will then be recorded as Meets (Reduced Stay) and the relevant assessment period displayed to alert other MOCs and visa officers that the applicant has only met the health requirement for a shorter period of stay. The ICD code must be recorded accurately in HAP and any other pertinent comments included (e.g. the rationale for the decision). MOCs may also provide a comment for visa processing officers (VPOs) using the MOC Comment function, explaining the reasons for their decision.

In some circumstances, the applicant may, technically, and if the costs are proportionately reduced, meet for the reduced duration of stay but they may have a condition that will mean they are unlikely to be able to return home at the end of their proposed stay (such as assessed as requiring aged care accommodation due to cognitive disorder).

In these circumstances, the MOC should provide a DNM opinion, regardless of proposed duration of visa grant, with the same costs, indicating in the opinion that the applicants condition is of such severity that they are unlikely to be able to return home at the end of the proposed stay.

Note: the only exception to the above is where the visa applicant is completing full permanent health examinations for a temporary visa and is being assessed 'upfront' for a permanent stay in Australia. In this circumstance, if a DNM opinion is provided for permanent stay, again it is the visa officer who is responsible for requesting a re-assessment for the appropriate temporary assessment period.

Note: The assessment period for a permanent or provisional visa or where a permanent clearance is being sought cannot be reduced, as these applicants must be assessed for a permanent stay in Australia.

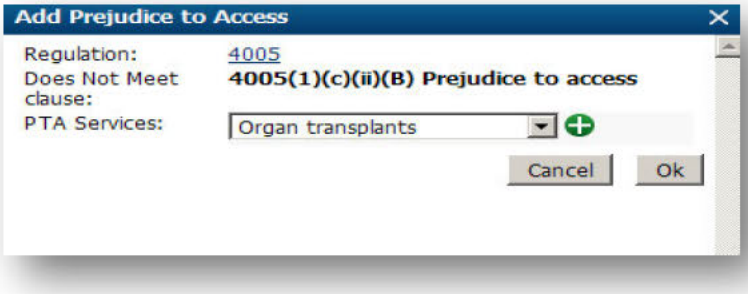
Services in 'short supply' considered likely to result in prejudice to access

A visa applicant (or non-migrating family member) cannot be found to meet the health requirement where they have a 'disease or condition' likely to prejudice the access of an Australian citizen or a permanent resident to health care and/or community services - see 4005(1)c)(ii)(B), 4006A(1)(c)(ii)(B) and 4007(1)(c)(ii)(B).

When deciding which health care services are in 'short supply', the Department takes guidance from the DoH. As of 20 November 2015, based on DoH information the following health services are deemed in short supply:

- organ transplants (including bone marrow transplants)
- renal dialysis.

The above services are listed in the HAP. If you indicate that the visa applicant is unable to meet the health requirement on prejudice to access grounds, you will need to select the applicable services as the reason for your opinion.



Note: a costing is not required where an applicant is found not to meet the health requirement on prejudice to access grounds unless the cost is also significant, that is, greater than AUD 40,000.

Note: MOCs should refer to the Notes for Guidance for community services that may be in short supply for the Australian community.

Occasionally clients who are known to require renal replacement therapy, including dialysis, may seek to enter Australia for short periods of time (e.g. on holiday or to visit family). The department will support this in applicants already on dialysis for a maximum period of ONE MONTH, provided that the applicant has made his or her own arrangements IN ADVANCE, and that suitable financial arrangements have been put in place (i.e. that the onshore dialysis unit has accepted the applicant and has confirmed financial arrangements, in writing).

Visa officers should upload relevant documentation, confirming above, into HAP. If this is not provided, MOCs should defer requesting this. If satisfied, MOCs should provide a time limited meets opinion for a maximum period of one month. Any extension to this should be discussed with the department.

MOCs should ensure that the applicant's condition is stable and well controlled, and that urgent transplant is not considered likely.

Part Three: Recording your opinion

Types of MOC opinions

The table below summarises the type of opinions provided by MOCs and the steps then required to be taken by visa processing officers.

MOC opinion	Explanation
Meets	The applicant has met the health requirement and the visa can be granted if all other criteria are met.
Meets (Reduced Stay)	The applicant has met the health requirement and the visa can be granted if all other criteria are met. The period that the visa officer intends to grant the visa for should not be longer than the period for which health was assessed.
Meets with Undertaking	The applicant will meet the health requirement if they provide the visa officer with a signed undertaking form (form 815)*.
Does Not Meet	The applicant has not met the health requirement and a visa cannot be granted unless a health waiver is available and exercised. **Note:** In this situation a MOC should also enter that an undertaking be signed in the event a health waiver is going to be exercised*.
Deferred	Processing of the applicant's visa application cannot continue until they provide the additional information requested by the MOC.
No Clearance Required	An applicant for a XC-785, UO-786, XE-790, CD-851 or XA-866 visa has completed their required health examinations and no conditions considered to be a threat to public health have been identified. **Note:** A MOC may ask that an undertaking be signed if a condition considered to be a threat to public health is identified*.
Awaiting application	See advice below under *Front-end loaded health examinations*

***Note:** See additional advice below on health undertakings

Front-end loaded health examinations

Front end loaded health examinations are examinations submitted prior to a visa application. It should be noted that front-end loaded cases are no longer encouraged due to integrity concerns, the potential for additional cost and delay for applicants, and the rapid processing of health cases that eMedical has enabled.

From a MOC perspective, the processes for assessing a front-end loaded health case (i.e. examinations completed in advance of a visa application being lodged) are the same as for other health cases **except** that if it is determined that on the information available a 'DNM' opinion is warranted, under policy, they should **not** provide an opinion on this case until **after** a visa application has been lodged.

This ensures that before a DNM opinion is issued, all relevant information included in the visa application is available, including the proposed duration of visa grant, the purpose of the visit, that the most up to date medical information is considered and that the MOC provides an opinion as to whether a visa applicant (rather than an intended visa applicant) meets the health requirement in line with the regulations at the time of grant.

For this reason, a *Does Not Meet* option will not appear for a MOC to select in HAP until the relevant health case is linked to a visa application. Instead, the case will remain with a status of *Awaiting Application* until a visa application is lodged.

Note: once a visa application is lodged, electronic health cases will simply return to the MOC assessment queue to be re-assessed. Paper health cases will be returned to the Application Received queue so administrative staff from the MMSP can collate the necessary paper work before sending the case to a MOC.

Drafting MOC Opinions

Overview

MOCs must record their opinions in the HAP. The HAP will then generate and file in TRIM RM8 a formal opinion (known as a form 884) based on current templates.

Once generated, the MOC opinion will be visible to visa officers. In most circumstances visa officers will provide the visa applicant with a copy of the MOC opinion if they don't meet the health requirement.

Attachment A shows examples of the templates used by the HAP, and how the information that you enter into the HAP is populated into these templates. This wording is based on legal advice and reflects that of an opinion based on a hypothetical applicant with the same form and level of the condition

If a visa refusal decision is reviewed by the Administrative Appeals Tribunal (AAT) or the courts, these bodies will examine if the correct assessment based on this "hypothetical person test" or part of the PIC was applied by the MOC, as stated in the MOC opinion.

Providing a lawful MOC opinion

The HAP assists to provide a lawful MOC opinion by ensuring that where possible the MOC opinion references the following information (**Note**: Visa officers are also expected to check this information for all DNM opinions):

- the correct health PIC (i.e. 4005, 4006A or 4007)
- the correct visa subclass
- the correct assessment period.

However, MOCs still need to ensure that in entering information in HAP that the MOC opinion references:

- details of all health examination reports that have been considered in forming the opinion;
- *if there were conflicting reports*, why one report was given more weight over another; and
- all conditions that enliven the PIC along with the severity of these conditions.

The HAP will provide you with a non-exhaustive list of words to describe the severity of the applicant's condition:

Active
Advanced
Asymptomatic
Extensive
Invasive
Mild
Mild-To-Moderate
Moderate
Moderate-To-Severe
Severe
Significant
Stable
Profound

When recording a DNM MOC opinion in the HAP, the more information about the health assessment outcome you are able to provide the applicant, the easier it will be for them to understand why they have failed to meet the health requirement. Comment boxes are provided for each condition listed to enable you to list the reasons.

Important: This information must explain why a hypothetical person with the same form and level of condition would not meet the health requirement. The applicant's personal circumstances (e.g. that they are currently in a special education class, or are stable on a cheaper medication not likely to be used by the hypothetical person) are not relevant.

Checklist for lawful MOC Opinions

To help ensure that your MOC Opinion is lawful make sure that you:

- apply the hypothetical person test and in preparing your opinion, your advice relates to the health criteria only
- consider all relevant matters, including all available medical information, and disregard irrelevant matters
- cite details of all medical relevant reports in the opinion
- where conflicting reports exist, add a short statement to explain why one or more report(s) has been given more or less weight than another
- have proper regard to policy, including the Health PAM
- apply the Notes for Guidance that are current at the time of the MOC opinion
- do not depart from policy or directions in the MOC Advice Pack unless there is strong justification and this has been discussed with and formally approved by the Department.

  Note: this does occur; notes should be entered in the Notes field in HAP

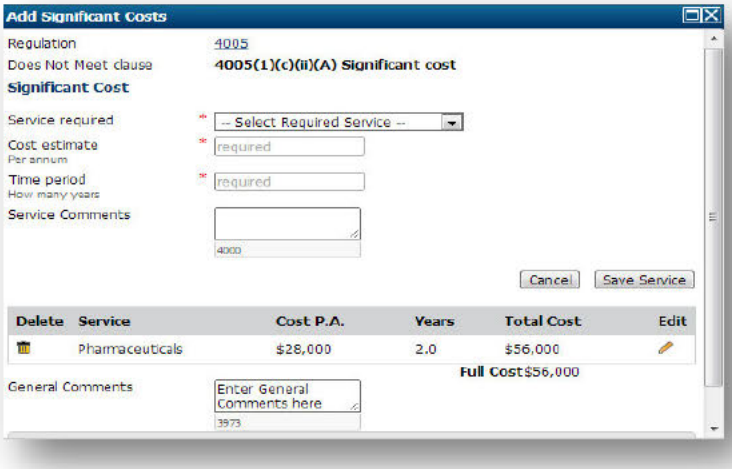
Recording health cost information in HAP

Where an applicant is found not to meet the health requirement on significant cost grounds, a costing is required when recording a MOC opinion in the Department's HAP – regardless of whether a health waiver is available. This is to enable the department to monitor the cost impacts and provide greater transparency to applicants. This information may be provided to applicants by the Department, upon request (see below).

As a result, MOCs need to record which types of services have been included in the cost assessment and the period for which they have been assessed.

This advice will appear on the MOC opinion in summary for visa subclasses where health waiver is available.

See example screenshots of the *Add Significant Costs* windows below.



Note: applicants or migration agents may request the detail of the costing information which has been recorded in HAP, or the estimated costs for a case, if no waiver is available. Visa officers will provide this by using the information recorded in HAP.

To assist with processing such requests for additional information, including Freedom of Information requests, and to increase transparency and consistency, MOCs must record in HAP the materials that they have referred to in providing their opinion in the *Other Identified Issues* field.

As an example, it is suggested that MOCs include the following information:

- which Notes for Guidance Paper(s) were used
- what the relevant parts/sections of those Notes for Guidance Paper(s) were used
- URLs of webpages and/or other sources (e.g. the website of the Australian Institute of Health and Welfare).
- Individual cost breakdown calculations should be included in the "Comments" field.

Recording prejudice to access information

Where an applicant is found not to meet the health requirement on prejudice to access grounds the MOC will be required to list any relevant services (i.e. those which will likely result in use of services which are listed as prejudice to access). If the prejudice to access also meets the significant cost threshold, this costing advice should also be entered in HAP.

Using the Health Assessment Portal (HAP)

To assist you in using HAP to record your MOC Opinions, refer to the 'HAP User Guide for MOCs', which has been provided to the MMSP and is available on Bordernet for DIBP MOCs.

Managing new information received after a MOC opinion has been provided

If visa applicants do not meet the health requirement, they are invited by the department to submit additional health information for reconsideration. This is part of the "Natural Justice" process.

Non-medical information is provided

In response to advice that they have not met the health requirement, visa applicants may provide **non-medical** information that is **not** relevant to the MOC opinion that they do not meet the health requirement (e.g. letters of support that raise compassionate circumstances that they want the MOC or Department to take into account).

Visa officers are asked to manage this information as MOC involvement is not required. As a result, if this information is provided to a MOC, it should not be actioned by the MOC. Instead, the MOC or an administrative officer on their behalf should email s. 47E(d) @border.gov.au asking the helpdesk to:

- reverse the newly generated assessment in HAP (a new assessment is not required as explained above)
- advise the visa officer that this has been done because the new information provided is not of a medical nature and is not something that the MOC can consider.

Medical information is provided

Where an applicant does provide additional medical information prior to a decision on their visa application (e.g. a more recent specialist report), a visa officer should create a new assessment directly in the HAP and attach any relevant medical information provided by the applicant.

The MOC must then consider this information and provide a new assessment in HAP (i.e. a new MOC opinion), even if the additional medical information does not change the outcome, or the additional medical information is in fact not new. If this new MOC opinion is not provided any subsequent visa decision may be affected by jurisdictional error (this is a term used to describe visa decisions that involved a legal error).

When recording in HAP which information has been considered in providing a subsequent opinion, it is recommended that the following text also be added:

> *This opinion follows the receipt of additional medical information from the visa applicant subsequent to the earlier opinion of DD/MM/YYYY. The previous opinion should be disregarded for the purpose of visa decision, as this current opinion is based on the most up-to-date medical information available.*

Where a MOC provides a Meets opinion in contrast to a previous DNM assessment, additional comments must be added by a MOC in HAP in the 'Other Identified Issues' field (in Assessment Settings) explaining the reasons why the applicant is now able to meet the health requirement (e.g. because they have undergone surgery, purchased a cochlear implant, are now in remission). The below is an example of text that could be considered:

> *This applicant's condition has significantly improved since the previous assessment /OR/ the medical information indicates that the applicant's condition is less severe than determined in the previous assessment (whichever applies).*
>
> *This opinion follows the receipt of additional medical information from the visa applicant subsequent to the earlier opinion of DD/MM/YYYY. The previous opinion should be disregarded for the purpose of the visa decision, as this current opinion is based on the most up-to-date medical information available.*

Note: Where a new "Does Not Meet" opinion is provided the applicant is provided with the opportunity to submit additional medical information. This is required in line with natural justice obligations. Consequently, this process may repeat, indefinitely until the visa application is finalised. Please note, however, that visa decisions are generally made in a timely fashion.

Assessing Public Health Risk only post health outcome

In some situations MOCs will be asked to provide an opinion about the public health risk ONLY. This generally occurs if the visa has been granted but the client has not entered Australia within the requisite period, or in DNM cases where waiver has been exercised but the 502 CXR examination is considered expired.

These examinations are age dependent and may include a 501 medical examination, 719 TB screening test, or, most commonly in adults, a 502 Chest X-ray examination.

MOCs need to provide an opinion about whether or not they consider the client to be a risk to public health (i.e. whether they have active TB), based, in the first instance, on the health examinations provided to them.

These health examinations are provided by panel members to the department by email (i.e. not using eMedical) then uploaded into HAP for MOC review.

If the MOC considers the client to be no risk to public health, then they should enter a note into HAP indicating "no public health risk". A formal assessment is not required.

If the CXR provided is abnormal, the MOC should review previous images and assess radiological stability. If there are new findings, then the following is advised:

1. request a medical examination by a panel physician specifically addressing clinical findings associated with TB
2. request a single sputum sample. This can be either a spot specimen, an early morning specimen the following day or an induced specimen (if appropriately labelled). The laboratory must perform smear testing (preferably auramine staining) and molecular testing (Xpert/MTB RIF or Hain GenoType MTBDR plus testing), if available, so as to identify any positive cases.

   If both smear and molecular tests are negative, it is not necessary to set up a culture.
3. if, following above, there are findings consistent with active TB (e.g. clinical findings or positive sputum tests) then formal request for additional information consistent with the standard 603 deferral is advised and communicated with the case officer cc s. 47E(d) @border.gov.au.

In children, if the 719 test is now positive (and was previously negative) then the child should proceed to CXR screening.

Further information can be found in the Health PAM.

Part Four: Non-standard MOC assessments

It should be noted that there are other types of non-standard assessments that MOCs will be requested to provide, as outlined in the table below. MOCs should consult the relevant PAM and/or available guidelines when completing such assessments if required.

Type of assessment	Form of assessment	Relevant guidelines
Health Status Assessments	Form 1389	PAM 3: Act: - Compliance and Case Resolution. Community Status Resolution Service, section 24.
Fitness to travel assessments	Form 1148	Health PAM
Unfit to Depart assessments	Form 1148 **Note:** Assessments can be done on the papers alone	MTV PAM
Medical Treatment visas	IME forms used	MTV PAM

Part Five: Other duty of care/clinical issues

Concerns regarding an applicant's ability to travel to Australia or fly home

In the course of an assessment, MOCs may be presented with an applicant who meets the health requirement despite having a significant disease or condition which raises significant clinical concerns about the applicant's ability to safely travel to Australia (e.g. untreated pneumothorax). In these cases, the jurisdictional requirement to assess against the PIC applies and the MOC should provide the appropriate assessment outcome as per usual process.

Duty of care for advising applicants of their medical findings lies with medical practitioners who have conducted the original examination (i.e. the panel physician or radiologist) not with MOCs. However, if it is considered important that the applicant is reminded of their health condition prior to safe travel, a comment for the visa officer should be added to the assessment requesting that they remind the applicant of the need to consult their own doctors prior to travel to ensure any urgent health need is addressed that might put the applicant's life in danger.

Part Six: MOC auditing responsibilities

Quality control, assurance and improvement are important parts of the Immigration Medical Examination process. MOC participation in auditing performance of panel members is mandatory and should be done routinely as part of the health case assessment.

If a performance issue is identified then this should be recorded using the HAP audit function. This information is used by Immigration Health Branch to provide relevant feedback to panel physicians. Note that missed likely active TB should immediately be escalated to Immigration Health Branch via email in addition to providing a MOC Audit Comment so timely intervention and/or follow up is instigated.

Panel audit issues are identified as critical, moderate or minor. Drop down boxes provide options to assist in categorisation and the following guide should be used:

3- Critical

- failure to identify a condition that would have prevented health clearance (i.e. active TB or known DNM cost or prejudice to access condition).
- Integrity - substitution or fraud

2 - Moderate

- failure to identify a (potentially significant) condition which would have required further investigation (defer) or follow-up (HU) (e.g. opacity in lung field, absent breast, hepatitis B)
- integrity - identity not confirmed as per Instructions

1 - Minor

- administrative oversights or omissions
- lack of adherence to instructions (e.g. unnecessary blood tests)
- failings in x-ray quality
- grading errors

MOCs must provide enough detail in the comments as to the specific error. For example if lack of adherence to instructions they must specify exactly what was not adhered to.

Accountability and responsibilities

The Clinical Team in the Health Services and Policy Division is responsible for the accuracy and currency of the information held within this document.

What happens if this Procedural Instruction is not followed?

All medical records created in accordance with this Procedural Instruction (PI) by a Health Service Provider (HSP) must be saved in the electronic medical records system with appropriate accompanying metadata that can be transferred into the Department's electronic document and records management system. All HSP records must be transferred to the custody to the Commonwealth in accordance with Commonwealth legislation. Once the records have been transferred, the HSP must dispose of them in accordance with directions provided by the Department.

All records created as a result of this PI must be managed in accordance with the Records Management Policy Statement. Records created as a result of this PI must be saved in an identified business system or TRIM RM8.

Related Framework documents

- DEL 16/048 Instrument of Delegation
- Departure Health Check Instructions
- Direction No. 47 - Required health assessments
- Ebola Clearance Certificate: Instructions for Panel Physicians
- Five Operational guidelines that sit under the DIBP and INZ Aligned Panel Physician Network MOU
- IMMI 11/073 – Specification of health care and community services (clauses 4005, 4006A and 4007)
- IMMI 12/025 – Visa subclasses for the purposes of the health requirement (clauses 4005, 4006A and 4007)
- IMMI 14/040 – Appointment of organisations
- IMMI 14/043 – Approved organisation
- IMMI 14/085 – Health service provider (reg 1.15AA(2))
- IMMI 15/104 – Appointment of medical officers of the Commonwealth
- IMMI 15/144 – Required medical assessment
- The Notes for Guidance for Medical Officers of the Commonwealth papers
- Panel Member Instructions
- Poliovirus – "Public Health Emergency of International Concern" DIBP Instructions
- Sch4/4005-4007 – The health requirement
- Sch8 – 8501 – Maintain health insurance

References and legislation

- Health and the Migrations Act (the Act)
- Migration Regulations 1994 (the Regulations)
- Regulation 1.16AA Appointment of Medical Officer of the Commonwealth
- Regulation 2.25A Referral to Medical Officers of the Commonwealth

Consultation

Internal consultation

The following internal stakeholders were consulted in the development of this Procedural Instruction.

- Health Services and Policy Division
- Change Management Framework
- Integrity and Professional Standards
- Records Management
- Legal Opinions

External consultation

This Procedural Instruction did not require external consultation.

Document details

Category/Function	*Visa and Migration Management*
Sub-Category/Sub-Function	*Visa Processing*
Published Location	*Policy and Procedure Register*
Period of Effect	*05/05/2020*
Policy Owner	Dr s. 22(1)(a)(ii) , Chief Medical Officer / Surgeon General

Document change control

Version number	Date of issue	Author(s)	Brief description of change
0.01	05/05/2017	Health Policy & Performance	Update to reflect systems changes and incorporate stakeholder feedback

Endorsement

Endorsed by:	Dr s. 22(1)(a)(ii) , Chief Medical Officer / Surgeon General
Endorsed on (date):	12/05/2017

Approval

Approved by:	Dr s. 22(1)(a)(ii) , Chief Medical Officer
Approved on (date):	05/05/2017

Attachment A – MOC Opinion Examples

The following three MOC Opinions provide an example of the formal decision record of the MOC opinion and will be created electronically as a PDF document and stored in TRIM. The relevant TRIM reference will be in the HAP. They have been provided so that MOCs can see how the information provided in HAP is used by the system to generate the 884 opinion which is provided to the visa applicant.

i.

FORM 884: OPINION OF A MEDICAL OFFICER OF THE COMMONWEALTH

THE APPLICANT DOES NOT MEET THE HEALTH REQUIREMENT
An undertaking is required if the health requirement is waived

HAP Id: 18076
Name of Applicant: Applicant One
Birth Date: 18/06/1977
Sex: FEMALE
Processing office: Moscow
Visa Sub Class: 309

The applicant has been assessed against Public Interest Criterion (PIC) 4007 [see attached extract] for a permanent stay in Australia.
The applicant does not satisfy paragraphs PIC 4007(1)(c)(ii)(A) and 4007(1)(c)(ii)(B) in Schedule 4 to the Migration Regulations.
The applicant is a 36 year old person with:

- Asymptomatic HIV infection
  [If you entered any additional comments about this condition in HAP they will appear here].
  This condition is likely to be Permanent.

I consider that a hypothetical person with this disease or condition, at the same severity as the applicant, would be likely to require health care and/or community services during the period specified above.

These services would be likely to include:
- Medical services
- Pharmaceutical

Provision of these health care and/or community services would be likely to result in a significant cost to the Australian community in the areas of health care and /or community services, or prejudice the access of an Australian citizen or permanent resident to health care or community services.

In preparing this opinion, I have had regard to the information available to date concerning the applicant, including, but not limited to the Immigration Medical Examination dated 5 May 2016, and a specialist report from Dr Smith, dated 25 May 2016.

Medical Officer of the Commonwealth
Position Number: 1234

A Medical Officer of the Commonwealth for the purposes of providing an opinion on whether prescribed health criteria under the Migration Regulations 1994 are met.
Department of Immigration and Border Protection

ii. If a health waiver is available, a "Health Waiver Information Letter" will also be auto created. This information will advise the delegate of the estimated health costs, as well as advice about any prejudice to access.

HEALTH WAIVER INFORMATION

HAP Id: 18076
Name of Applicant: Applicant One
Birth Date: 18/06/1977
Sex: FEMALE
Processing Office: Moscow
Visa Sub Class: 309

On 15/11/2011, I assessed the above named applicant as not meeting the health requirement. The information below is provided, in conjunction with the Form 884 "Does Not Meet" opinion, for the purpose of considering a waiver of paragraph 4007(1)(c) at Schedule 4 to the Migration Regulations.

Public Heath / Danger to the Community

In my opinion, on the basis of the available medical evidence, the applicant satisfies the requirements of paragraphs 4007(1)(a) and 4007(1)(b) in Schedule 4 to the Migration Regulations.

That is, I am satisfied that the applicant is:

(a) free from tuberculosis; and

(b) free from a disease or condition that is, or may result in the applicant being, a threat to public health in Australia or a danger to the Australian community

Likely cost to the Australian Community

In my opinion, the estimated cost to the Australian Community of the services identified in the 884 is likely to be:

Medical Services	$30,000
Pharmaceuticals	$200,000
Total cost	**$230,000**

Likely Prejudice to Access

In my opinion, granting a visa to the above applicant for the assessed period of stay **would be likely** to prejudice the access of an Australian citizen or permanent resident to health care or community services.

Position Number: 1234

A Medical Officer of the Commonwealth for the purposes of providing an opinion on whether prescribed health criteria under the Migration Regulations are met.

iii. **FORM 884: OPINION OF A MEDICAL OFFICER OF THE COMMONWEALTH**

THE APPLICANT DOES NOT MEET THE HEALTH REQUIREMENT

HAP Id: 18076
Name of Applicant: Applicant Two
Birth Date: 18/06/1977
Sex: FEMALE
Processing Office: Moscow
Visa Sub Class: 309

The applicant has been assessed against Public Interest Criterion (PIC) 4007 [see attached extract] for the period of 4 years.
The applicant does not satisfy paragraphs PIC4007(1)(a) and 4007(1)(b) in Schedule 4 to the Migration Regulations.

I am not satisfied that the applicant is free from tuberculosis, or from a disease or condition that is, or may result in them being a threat to public health in Australia or a danger to the Australian community.
The applicant is a 36 year old person with:

- Tuberculosis
  [If you entered any additional comments about this condition in HAP they will appear here].

In preparing this opinion, I have had regard to the information available to date concerning the applicant, including, but not limited to Immigration Medical Examination dated XXYYY2016, and the report from the specialist Dr XXXX, dated YYYY.
Medical Officer of the Commonwealth
Position Number: 1234

A Medical Officer of the Commonwealth for the purposes of providing an opinion on whether prescribed health criteria under the *Migration Regulations 1994* are met.
Department of Immigration and Border Protection

Attachment B – Drug Resistant TB case identified in visa health screening

DRUG RESISTANT TB CASE IDENTIFIED IN VISA HEALTH SCREENING

CLIENT SUMMARY

Age:	**HAP ID:**
Gender:	**Visa Class:**
Nationality:	
Case summary: **Past Episodes of TB Treatment:**	

REFERRAL REASON

We would appreciate the Expert Medical Panel's advice in respect of the following:

1. Does the Expert Medical Panel consider this treatment is adequate in view of the management outlined below?
2. What recurrence free period would the Expert Medical Panel advise is sufficient that would give confidence that this client is free of TB

INITIAL DIAGNOSIS – CURRENT EPISODE

Clinical Findings:

Initial Chest X-Ray Findings:

Initial Sputum Test Results:

HIV Status (if known):

Intercurrent Illness (if pertinent):

Treatment Regimen:

SUMMARY OF PROGRESS

Clinical Progress:

Sputum Test, Smears, Culture - Date & Results:

Chest X-Ray Date & Results (with respect to stability):

POST TREATMENT FINDINGS

OTHER COMMENTS

RESPONSE FROM EMP

DATE

Bupa Completion	
EMP Advice	
MOC to Bupa	