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Minute

To: Deputy Secretary Corporate & Enabling, Chief Operating Officer

s. 22(1)
(a)(ii)

Through: First Assistant Secretary, Health Services Policy and Child Wellbeing Division

s. 22(1)
(a)(ii)

30/4

Cc: Assistant Secretary, Organisational Wellbeing Branch

Date: 30 April 2019

Business Case for the rollout of Naloxone

Timing

At your earliest convenience.

Purpose

To:

1. Note the development of a business case for portfolio wide rollout of Intranasal Naloxone.
2. Note the attached letters for your signature for dissemination to the Home Affairs Portfolio agency heads to support the development of this business case.

Background

3. The Minister approved on 18 February 2019 that a business case be developed for the portfolio wide rollout of Intranasal Naloxone.
4. The Australian Border Force Commissioner, Michael Outram, was instrumental in progressing and recognising the merits of medical countermeasures following a visit to Canada.
5. The Commissioner's stewardship has allowed the Australian Border Force in collaboration with the Department of Home Affairs to initiate a trial utilising Intranasal Naloxone at two ABF locations. The trial will commence on 29 April 2019. The intellectual property designed through the trial will be available to all portfolio agencies and wider law enforcement agencies on request.
6. The construct to deliver the business case would require portfolio agency heads to agree that their organisation would benefit from the operational rollout of Intranasal Naloxone. The first step would require a letter to be sent from the Chief Operating Officer to portfolio agency heads to request whether they wish to participate in the development of the business case. We would also request a nominated contact person if they agree to participate in the development of the business case.
7. Health Services Policy and Child Wellbeing Division will then collaborate with the portfolio agencies that wish to participate to deliver a costed business case for Government to consider as a part of the budget process.

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Issues

8. Opiate overdose is on the increase not only in the Australian community setting but has become a significant issue faced by law enforcement officers, (including Australian Border Force) first responders and emergency staff.
9. Increased quantities of Fentanyl are being seized at the border but more importantly there is an increase in the detection of Carfentanil.
10. Due to the significant toxicity and the possibility of accidental or malicious exposure of these substances a trial will commence in Sydney, equipping some of our officers with Intranasal Naloxone. There is also a range of preventative measures under way in the Australian Border Force.
11. The Australian Government Chief Medical Officer, Professor Brendan Murphy, collaborated and was instrumental in assisting the Department in the licensing approval of Intranasal Naloxone.
12. The Chief Medical Officer of the Australian Federal Police, Dr Katrina Sanders is strongly supportive of the trial and the wider rollout.

Consultation

ABF Commissioner
 Deputy Commissioner, Operations
 Deputy Commissioner, Support
 First Assistant Secretary, People Division
 Commonwealth Chief Medical Officer
 Chief Medical Officer, Australian Federal Police

Recommendation

It is recommended that you:

Note the development of a business case for portfolio wide rollout of Intranasal Naloxone.

Noted ☒

Please discuss ☐

Note and sign the attached letters for dissemination to Home Affairs portfolio agency heads

s. 22(1)(a)(ii)

Noted ☒


Please discuss ☐

s. 22(1)(a)(ii)

Dr Parbodh Gogna
 Chief Medical Officer and Surgeon-General

Cheryl-anne Moy
 Deputy Secretary Corporate and Enabling
 Chief Operating Officer

30 April 2019

 May 2019

Contact Officer: Dr Parbodh Gogna

Division/Branch: Chief Medical Officer and Surgeon-General

Phone: s. 22(1)(a)(ii)

Attachments: Letters for your signature and dissemination to portfolio agency heads.

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Andrew Colvin APM OAM

Commissioner

Australian Federal Police

Edmund Barton Building, Kings Avenue Barton, Barton ACT 2600

s. 22(1)(a)(ii)

Dear Commissioner

Following the initiation of a restricted Australian Border Force (ABF) trial utilising Intranasal Naloxone as a medical countermeasure for inadvertent opiate exposure, the Department notified the Minister for Home Affairs that a business case will be developed for a whole of portfolio rollout of Naloxone.

Commissioner Outram of the ABF, following a visit to Canada was instrumental in progressing and recognising the merits of medical countermeasures.

Dr Gogna the Chief Medical Officer of the Department and Surgeon General of the ABF with the Health Services Policy and Child Wellbeing Division (HSPCWD) of the Department has developed a technical design for the trial. The Department has worked collaboratively with the Department of Health so that Naloxone is now available in Australia via an intranasal delivery formulation. The carriage of the trial is through a health services/registered training organisation provider.

The intellectual property is owned by the Department and we are happy to share the material across the portfolio and other law enforcement organisations. The business case can support insourcing, outsourcing and an alternate designated lead agency.

I ask that if Naloxone as a countermeasure is pertinent to your organisation you:

- 1) Nominate a contact person in your organisation
- 2) Please send your nomination to Mr Stephen Hayward First Assistant Secretary HSPCWD who will be the responsible owner for the completion of the business case -

s22(1)(a)(ii)

Yours sincerely

s. 22(1)(a)(ii)

Cheryl-anne Moy
Deputy Secretary Corporate & Enabling
Chief Operating Officer

7 May 2019



Ms Nicole Rose PSM
CEO Australian Transaction Reports & Analysis Centre
PO Box 5516, West Chatswood NSW 1515

s. 22(1)(a)(ii)

Dear Ms Rose

Following the initiation of a restricted Australian Border Force (ABF) trial utilising Intranasal Naloxone as a medical countermeasure for inadvertent opiate exposure, the Department notified the Minister for Home Affairs that a business case will be developed for a whole of portfolio rollout of Naloxone.

Commissioner Outram of the ABF, following a visit to Canada was instrumental in progressing and recognising the merits of medical countermeasures.

Dr Gogna the Chief Medical Officer of the Department and Surgeon General of the ABF with the Health Services Policy and Child Wellbeing Division (HSPCWD) of the Department has developed a technical design for the trial. The Department has worked collaboratively with the Department of Health so that Naloxone is now available in Australia via an intranasal delivery formulation. The carriage of the trial is through a health services/registered training organisation provider.

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I ask that if Naloxone as a countermeasure is pertinent to your organisation you:

- 1) Nominate a contact person in your organisation
- 2) Please send your nomination to Mr Stephen Hayward First Assistant Secretary HSPCWD who will be the responsible owner for the completion of the business case -

s22(1)(a)(ii)

Yours sincerely

s. 22(1)(a)(ii)

Cheryl-anne Moy
Deputy Secretary Corporate & Enabling
Chief Operating Officer

7 May 2019



Mr Michael Phelan APM
CEO Australian Criminal Intelligence Commission
GPO Box 1936
Canberra ACT 2601

s. 22(1)(a)(ii)

Dear Mr Phelan

Following the initiation of a restricted Australian Border Force (ABF) trial utilising Intranasal Naloxone as a medical countermeasure for inadvertent opiate exposure, the Department notified the Minister for Home Affairs that a business case will be developed for a whole of portfolio rollout of Naloxone.

Commissioner Outram of the ABF, following a visit to Canada was instrumental in progressing and recognising the merits of medical countermeasures.

Dr Gogna the Chief Medical Officer of the Department and Surgeon General of the ABF with the Health Services Policy and Child Wellbeing Division (HSPCWD) of the Department has developed a technical design for the trial. The Department has worked collaboratively with the Department of Health so that Naloxone is now available in Australia via an intranasal delivery formulation. The carriage of the trial is through a health services/registered training organisation provider.

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- 2) Please send your nomination to Mr Stephen Hayward First Assistant Secretary HSPCWD who will be the responsible owner for the completion of the business case -

s.22(1)(a)(ii)

Yours sincerely

s. 22(1)(a)(ii)

Cheryl-anne Moy
Deputy Secretary Corporate & Enabling
Chief Operating Officer

7 May 2019



Mr Michael Outram APM
Commissioner, Australian Border Force
GPO Box 25, Belconnen ACT 2616
Michael.outram@abf.gov.au

Dear Commissioner

As you are aware, following the initiation of a restricted Australian Border Force trial utilizing Intranasal Naloxone as a medical countermeasure for inadvertent opiate exposure, the Department notified the Minister for Home Affairs that a business case will be developed for a whole of portfolio rollout of Naloxone.

I note following your visit to Canada you were instrumental in progressing and recognising the merit of countermeasures.

Dr Gogna, with the Health Services Policy and Child Wellbeing Division (HSPCWD) of the Department has developed a technical design for the trial. The Department has worked collaboratively with the Department of Health so that Naloxone is now available in Australia via an intranasal delivery formulation. The carriage of the trial is through a health services/registered training organisation provider.

The intellectual property is owned by the Department and we will share the material across the portfolio and other law enforcement organisations. The business case will support insourcing, outsourcing and an alternate designated lead agency.

I ask that you:

- 1) Nominate a contact person in your organisation
- 2) Please send your nomination to Mr Stephen Hayward First Assistant Secretary HSPCWD who will be the responsible owner for the completion of the business case -

s22(1)(a)(ii)

Yours sincerely

s. 22(1)(a)(ii)

Cheryl-anne Moy
Deputy Secretary Corporate & Enabling
Chief Operating Officer

7 May 2019



Mr Duncan Lewis AO, DSC, CSC
Director General of Security
Australian Security Intelligence Organisation

s. 22(1)(a)(ii)

Dear Mr Lewis

Following the initiation of a restricted Australian Border Force (ABF) trial utilising Intranasal Naloxone as a medical countermeasure for inadvertent opiate exposure, the Department notified the Minister for Home Affairs that a business case will be developed for a whole of portfolio rollout of Naloxone.

Commissioner Outram of the ABF, following a visit to Canada was instrumental in progressing and recognising the merits of medical countermeasures.

Dr Gogna the Chief Medical Officer of the Department and Surgeon General of the ABF with the Health Services Policy and Child Wellbeing Division (HSPCWD) of the Department has developed a technical design for the trial. The Department has worked collaboratively with the Department of Health so that Naloxone is now available in Australia via an intranasal delivery formulation. The carriage of the trial is through a health services/registered training organisation provider.

The intellectual property is owned by the Department and we are happy to share the material across the portfolio and other law enforcement organisations. The business case can support insourcing, outsourcing and an alternate designated lead agency.

I ask that if Naloxone as a countermeasure is pertinent to your organisation you:

- 1) Nominate a contact person in your organisation
- 2) Please send your nomination to Mr Stephen Hayward First Assistant Secretary HSPCWD who will be the responsible owner for the completion of the business case -

s22(1)(a)(ii)

Yours sincerely

s. 22(1)(a)(ii)

Cheryl-anne Moy
Deputy Secretary Corporate & Enabling
Chief Operating Officer

7 May 2019



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Minute

To: Chief Operating Officer
Cc: First Assistant Secretary, Health Services Policy and Child Wellbeing Division
Date: 9 May 2019

Medical Services Trade Fair

Timing

At your convenience.

Purpose

To:

1. Provide you with information on the merits of holding a Medical Services trade fair.

Background

2. The Department of Home Affairs and the Australian Border Force utilises the services of multiple Health Services providers. Such providers include the International SOS, International Health and Medical Services, Aspen Medical, Benestar, Bupa, Sonic Healthcare, Offshore Panel Physicians, and the International Organisation for Migration. The contracts are managed by Property and Major Contracts Division (PMCD), Health Services Policy and Child Wellbeing Division (HSPCWD), International Policy Division (IPD) and People Division (PD). They are sizeable contracts that are renewable and as with all such contracts they run the risk of reducing a competitive environment when the market is approached for medical services.
3. The Department of Home Affairs currently undertakes trade fairs which allows a dialogue with specific companies where they can showcase and demonstrate their latest products and services, meet with industry partners and customers, and examine recent market trends and opportunities. This assists with probity risks when briefing on strategic and operational directions of the Department.

Issues

4. The approach to introduce a Medical Supplier trade fair would allow the various departmental procurement teams to take an inventory of their master supplier list and determine how many diverse suppliers they engage with. As all contracts are not managed by PMCD, it is important that procurement information is shared and kept up to date. This ensures it is easily accessible for reporting purposes. Being able to quickly and effectively demonstrate a commitment to doing business with diverse suppliers can give the Department a competitive advantage when dealing with fluid geo political environments. Beyond understanding the current landscape of diverse suppliers, procurement also needs to help establish a vision for its diversity supply programs that aligns with Commonwealth Procurement Rules.

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5. A trade fair is also a cost-effective networking and advertising event. It will provide an opportunity for the Department to understand the various suppliers range of services, specialities and technologies. Coupled with such knowledge it will allow an iterative process on problem solving and will showcase available technical solutions that are tailored to the Department's needs.
6. Suppliers will also be kept apprised of the workflows and strategic direction of the Department whilst departmental staff are given the opportunity to engage with them.

Consultation

As discussed at our previous COO/CMO meeting on 23 April 2019.

Recommendation

It is recommended that you:

Approve a Medical Services trade fair be undertaken with PMCD, HSPCWD, IPD and PD either in conjunction with existing Departmental trade fairs or in isolation.

Approved ☐

Not approved ☐

~~Agreed~~ ☒

~~Not agreed~~ ☒

s. 22(1)(a)(ii)

Dr Parbodh Gogna

Cheryl-anne Moy

Chief Medical Officer/Surgeon-General

Chief Operating Officer, Deputy Secretary Corporate & Enabling

9 May 2019

May 2019

Contact Officer: Dr Parbodh Gogna

Division/branch: Chief Medical Officer/Surgeon-General

Phone: s. 22(1)(a)(ii)

*Dr Gogna, Pls consult across the Dept
to advice also from Procurement (CPA) +
General Counsel. Please also discuss
PTMC, RPTaskforce/Intl. Dvn.
In the next minute back pls put a business
case as to the model, costs + views of
colleagues including Imm + let 3 groups.*

Thanks

s. 22(1)(a)

16/5

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Minute

To: A/g Chief Operating Officer and Deputy Secretary Corporate and Enabling

Date: 9 August 2018

Home Affairs Independent Medical Advisors

Timing

By 17 August 2018

Purpose

To:

1. Provide you with information about proposed changes to the Independent Health Advisory Panel (IHAP), including its proposed membership, terms of reference, scope and changed name.

Background

2. The IHAP was established by the former Chief Medical Officer to provide him with clinical advice on a range of health-related matters. It evolved through several iterations from the establishment of the Detention Health Advisory Group in 2006. See Attachment A for the background to the IHAP and its current membership.
3. The IHAP – through its membership and perceived mandate – has a strong focus on detention-related healthcare and health-related support provided by the Government of Australia to regional processing countries. It is proposed that the terms of reference, membership and name of the IHAP be changed to reflect the recent, significant changes to the Department of Home Affairs and the establishment of the Home Affairs portfolio.

Issues

4. It is proposed that the IHAP be renamed the Home Affairs Independent Medical Advisors (HAIMA). Draft terms of reference for the HAIMA are at Attachment B.
5. The draft terms of reference differ from those of the IHAP most significantly in the following ways:
 - a. They allow other portfolio agencies to utilise the expertise of HAIMA.
 - b. They abolish the 'tiered' structure that applied to the IHAP, whereby Tier 1 members were invited to biannual meetings with the Chief Medical Officer and Tier 2 members were not. Under the new terms of reference, the Chief Medical Officer can convene meetings with any or all of the HAIMA members at his discretion. This provides the flexibility to arrange meetings on specific matters that are within the expertise of some, but not all, members. Similarly to IHAP, all HAIMA members can be approached individually to provide assistance with specified work.

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6. The membership of the HAIMA will be broader than that of the IHAP to reflect the scope of the Home Affairs portfolio. A list of the clinicians the Chief Medical Officer proposes to appoint to HAIMA and their hourly rate is at Attachment C.
7. The Chief Medical Officer will discuss the new terms of reference for HAIMA with the existing IHAP members, who will be given an opportunity to engage with the new model.

Consultation

Nil

① / will all current IHAP members be accepted?

Recommendation

It is recommended that you:

Note the proposal to rename and broaden the scope of the medical advisory group as reflected in the draft terms of reference and new membership for the HAIMA.

Noted ☒

Please discuss ☒

s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

Parbodh Gogna

Elizabeth Hampton

Cheryl-anne Moy

Chief Medical Officer

FAS, HSPCWD

A/g Chief Operating Officer

s. 22(1)(a)(ii)

s. 22(1)(a)(ii)

2 August 2018

9th August 2018

9 August 2018

Contact Officer: Elizabeth Hampton

Division/branch: Health Services Policy and Child Wellbeing Division

Phone:

s. 22(1)(a)(ii)

Attachments:

Attachment A: Evolution of the Independent Health Advisory Panel

Attachment B: Draft terms of reference for HAIMA

Attachment C: Proposed new HAIMA members

② No attached.
③ Have we put the proposed members in the current terms of reference?
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Attachment A: Evolution of the Independent Health Advisory Panel

The Department of Home Affairs and its predecessors had various arrangements over time for the provision of independent health advice to support the development of health frameworks, policies and to access appropriate clinical expertise.

- a. In 2006, the Detention Health Advisory Group (DeHAG) was established to provide independent, expert advice to design, develop, implement and monitor health care services for people in detention centres and related facilities. This group was disbanded on 2 August 2012 by the then Secretary Martin Bowles.
 - b. In November 2012, the then Secretary Martin Bowles established the Immigration Health Advisory Group (IHAG) to ensure the Department had access to advice from professionals with medical, health policy and health service delivery expertise with particular reference to asylum seekers and refugees. This group was disbanded in December 2013.
 - c. In May 2014, Dr Paul Alexander (the former IHAG Chair) was appointed as the Independent Health Advisor to the Department. Dr Alexander's role was to provide the Department with advice on detention and offshore processing health issues and be available for reviews or to provide input in other discussions. Dr Alexander's contract expired on 30 June 2016.
8. Dr John Brayley was appointed as the Chief Medical Officer of the Department and Surgeon General of the Australian Border Force (ABF) (CMO/SG) on 12 October 2015. The IHAP was established in March 2016 to assist Dr Brayley in his role of providing health advice to the Secretary, the Commissioner of the ABF and the Department. Expert clinicians were invited to join IHAP by Dr Brayley based on their area of expertise and research.
 9. IHAP members are engaged on contractual basis and are usually remunerated on hourly basis. The hourly rates vary from \$200 (incl GST) per hour to \$850 per hour. IHAP members are reimbursed travel expenses at the SES officer's rates when they travel for meetings.
 10. A table outlining the details of the IHAP membership is found at Attachment D. At present there are five Tier 1 (s. 22(1)(a)(ii)) and five Tier 2 (s. 22(1)(a)(ii)) members.

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No attach

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Attachment B



Australian Government
Department of Home Affairs

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Home Affairs Independent Medical Advisors

Terms of Reference

Document approval date	[Provide the date this was approved by the document owner]
Last PPCF review date	Not applicable
Contact	Immigration Health Branch Health Services, Policy and Child Wellbeing Division
Document ID (PPN)	[Insert the Policy and Procedure Number as issued by the PPCF]
TRIM record number	ADD2018/3394180
Identify the document this material supports	[Provide the document PPN and name of the related Policy Statement/Procedural Instruction/Standard Operating Procedure]

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1. Preamble

- 1.1. The Chief Medical Officer and Surgeon General (CMO/SG) is responsible for providing high level strategic medical advice and expert clinical opinion to the Secretary to the Department of Home Affairs and Australian Border Force Commissioner on a range of portfolio health matters. This includes providing leadership and advice about the Department's and ABF's business in respect to sustained, aligned and joint agency activity relating to health matters to ensure there is a strong, integrated response to emerging global public health and safety risks to the Australian community.
- 1.2. In order to support the role of the CMO/SG in representing the Department and ABF in developing and maintaining a strategic national and international approach to understanding and addressing health related risks across the Home Affairs portfolio, the CMO/SG may engage independent external medical professionals to provide expert independent health related advice in their area of expertise if and when required.
- 1.3. The independent external medical professionals will be collectively known as the Home Affairs Independent Medical Advisors (HAIMA). Other agencies within the Home Affairs portfolio will be able to seek advice from individuals on HAIMA as needed and at their own cost.

2. Role and Function

- 2.1. HAIMA members are appointed by the CMO/SG as technical experts to provide advice as requested across the breadth of health related matters in the Home Affairs portfolio.
- 2.2. Independent medical advisors have no executive or regulatory function and do not operate as a board or panel. Their role is individual and independent, and solely to provide advice and technical input on matters as needed.
- 2.3. HAIMA have a responsibility to provide the CMO/SG or portfolio agencies with high quality, well considered advice and recommendations on matters determined by the CMO/SG or portfolio agency in a timely manner. Their role is not to provide a governance function or duplicate existing agency assurance functions, but rather to provide:
 - independent advice to the CMO/SG or portfolio agency on the strategic health framework, health policy and procedures, health services and programmes
 - advice on quality and risk indicators and in relation to risk mitigation and quality control strategies.
 - input, in accordance with the terms of their contracts of appointment, which may include participation in projects, incident, service or case reviews, attendance at face-to-face meetings or forums, occasional calls or in writing, as requested by the CMO/SG or portfolio agency.
- 2.4. In providing advice on health related matters, the HAIMA will ensure that their approaches are:
 - consistent, confidential and transparent

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- independent and reflective of Australian community values
- informed by robust, current and relevant evidence which is generally accepted by the broader medical community.

- 2.5. HAIMA's role as independent advisors to the CMO/SG and portfolio agencies does not assume decision making delegation and accountability for any of the decisions made by the CMO/SG or the portfolio agencies.
- 2.6. Some or all members of HAIMA may, from time to time, be invited by the Department to meet formally to discuss specific or on-going portfolio matters, as determined by the CMO/SG. Working groups may be established for particular matters with a defined topic of engagement, where approved by the CMO/SG and on the basis of their experience and expertise on the relevant topic.
- 2.7. While HAIMA have an advisory function and individuals may be asked to consider safety and risk data, they are not accountable for the safety and quality of services or programmes delivered by or on behalf of the Department, ABF or portfolio agencies.

3. Membership and Terms of Appointment

- 3.1. HAIMA members are appointed by the CMO/SG either through selection or by expression of interest, based on their skills and expertise and needs of the portfolio agencies, as determined by the CMO/SG. They must demonstrate at the time of appointment and on an ongoing basis, current and unrestricted medical registration with relevant Australian governing bodies that permit them to perform contracted professional roles throughout the term of their individual appointment. HAIMA must inform the Department if their medical registration ceases or their good standing as a fellow of any bodies during the term is compromised.
- 3.2. The CMO/SG can accept expressions of interest from suitably qualified professionals with expertise in the range of disciplines relevant across the Home Affairs portfolio at any time. New HAIMA members may be added at the discretion of the CMO/SG should additional expertise be needed in areas of practice not covered by existing members.
- 3.3. The terms and conditions of HAIMA members' appointments is in accordance with their individual contracts with the Department. Expectations regarding the performance of individuals in their capacity as HAIMA members, based on the quality and delivery of advice and consultancy provided to the Department and its portfolio agencies, are as outlined in individual contracts. The CMO/SG reserves the right to terminate appointment of HAIMA members at any time.

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4. Meetings

- 4.1. Some or all HAIMA members may be invited to meet formally as required. Formal meetings may be conducted up to three times a year, however, HAIMA members may be invited to participate in ad hoc meetings at any time, relevant to their expertise. Additional observers with particular expertise may be invited as needed and where relevant to the topics for discussion, to contribute to specific agenda items.
- 4.2. Formal meetings will be chaired by the CMO/SG. The final agenda is the responsibility of the CMO/SG and will be distributed, together with relevant material, at least five working days prior to any meetings. The Department will provide all logistical and secretariat support for meetings.

5. Document details

Period of Effect	August 2020
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5.1. Document change control

Version number	Date of issue	Author(s)	Brief description of change
0.1	30 July 2018	s. 22(1)(a)(ii)	First draft
0.2	6 August 2018	s. 22(1)(a)(ii)	Revised draft

5.2. Document approval

Document owner	Elizabeth Hampton, First Assistant Secretary Health Services, Policy and Child Wellbeing Division
Approval date	[insert date]

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Attachment C: Proposed new members of HAIMA and hourly rate

<u>Proposed member</u>	<u>Expertise</u>	<u>Rate</u>
s. 22(1)(a)(ii)	General Practitioner (Principal - own practice) Ex- AMA President Ex-RACGP Executive Ex-Board member Beyondblue Companion of Order of Australia (2018) Officer of Order of Australia (2011) s. 22(1)(a)(ii)	\$250 p/h
s. 22(1)(a)(ii)	Pathology: clinical microbiologist and infectious diseases Physician (Western Diagnostic Pathology) Clinical lead, South East Asia (primary healthcare) Consultant physician	\$250 p/h
s. 22(1)(a)(ii)	Emergency physician Cairns Base Hospital Clinical toxicologist Wide experience in disaster preparedness and disaster recovery	\$250 p/h
s. 22(1)(a)(ii)	s. 22(1)(a)(ii) Staff Health Emergency Remote health Medical Director (TacMed) responsible for medical policy development Australian Tactical Medical Association board member	\$250 p/h
s. 22(1)(a)(ii)	s. 22(1)(a)(ii) General Physician	\$250 p/h

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