

INDEPENDENT HEALTH ADVICE PANEL

For Official Use Only

Minutes - between Independent Health Advice Panel and Department of Home Affairs

Date: 4 March 2019

Time: 11:30 – 12:15

Attendees

Organization	Attendees
Independent Health Advice Panel	Professor Brendan Murphy, Commonwealth Chief Medical Officer, Department of Health Dr Parbodh Gogna, Chief Medical Officer, Surgeon-General ABF, Department of Home Affairs
Department of Home Affairs	Ms Agnieszka Holland, A/g First Assistant Secretary, Health Services Policy and Child Wellbeing Division s22(1)(a)(ii) A/g Assistant Secretary, Immigration Health Branch s22(1)(a)(ii) Director, IHAP Secretariat
Department of Health	s22(1)(a)(ii) Executive Officer to Professor Murphy

Outcomes

The following is a record of IHAP meeting outcomes:

- The Panel agreed to adopt the draft Terms of Reference (ToR) until all required panel members are appointed.
- The Panel noted that a full comprehensive briefing would be appropriate when all required panel members are appointed.
- It was noted that IHAP Secretariat would advise the Panel of if changes to the ToR may be required flowing from changes to the policy settings.
- The Panel agreed that IHAP have a Chair.
- The Panel agreed that Dr Gogna would be the interim chair of IHAP and that it would be revisited when the panel was fully constituted.
- The Panel agreed to be contacted by SMS and through GovTEAMS
- The Panel agreed to use a 'notice to obtain information form' and it was agreed that IHAP Secretariat would provide a draft for IHAP consideration
- The Panel agreed to request information through the IHAP Secretariat
- The Panel agreed to use the GovTEAMS platform to hold virtual meetings.
- The Panel agreed to hold all records on GovTEAMS.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

- The Panel agreed to adopt the IHAP assessment template which incorporated feedback from the chair. The template would be pre-populated with the case details by the IHAP Secretariat.
- The Panel agreed that the Chair, Dr Gogna, would complete the assessment and email a copy to §22(1)(a)(ii)
- The Panel agreed that the IHAP Secretariat provide the assessment to the Minister directly through a ministerial submission.
- The Panel agreed to allocate two one hour time slots (7-8am and 7-8pm) in business days to conduct assessments.
- The Panel agreed that IHAP Secretariat create virtual meeting window for each case which is to be available for 60 hours through GovTEAMS.
- The Panel noted that the 72 hour assessment period is not confined to business days and includes weekends and public holidays

Panel Request

- The Panel requested the IHAP Secretariat provide guidance on how to facilitate a direct clinical assessment with the relevant transitory person, if it was required by videoconference or teleconference.
- The meeting concluded at approximately 12:15

Follow-up to action items (Panel Request)

- Acting Assistant Secretary, Services Management Branch confirmed the following:
 - the most appropriate clinicians with the most up-to-date information are those working on Nauru, in particular the SMO and psychiatrist,
 - the SMO and psychiatrist will be available for the morning IHAP meetings only due to clinical commitments and time zone differences,
 - contact can be made with the 'IHMS Assistance' number and IHMS staff can forward this call to the right individual who is on duty that day in Nauru,
 - the contact number for 'IHMS Assistance' is §22(1)(a)(ii)

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

IHAP Referral Time:	04/04/2019 Time: 1620 hrs	Biodata details	
Date and time of Minister's refusal to transfer decision:	04/04/2019 Time: 1531 hrs	Name:	s47F
		Date of birth:	s47F
		Country of birth:	s47F
Minister's decision attached:	No	HSP clinical summary: No PIH Clinical Update - 30.03.2019	Treating Doctor's referral attached: Yes – s47F
Additional medical records: Yes		Medical updates - PIH Clinical Reports - PIH	Referring Doctor's clinical assessment performed remotely? Yes

IHAP FINDINGS:

Initial Meeting 1900 hrs on Thursday 4th April 2019 attended by all current Independent Health Advice Panel members: Professor Brendan Murphy, Dr Antonio Di Dio and Dr Parbodh Gogna (Panel Chair)

Secretariat attending: s22(1)(a)(ii), Department of Home Affairs.

s47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment, following a notification having being received from two s47F and a specialist emergency physician.

s47F has been diagnosed with:-

s47F

Action

Prior to IHAP making a formal decision it was agreed that:

1. Scope of s47F services at PIH are elucidated.
2. Clarification that s47F was successfully eradicated after s47F.
3. Hard copy of clinical record be delivered to Dr Di Dio on 5th April 2019 due to technical issues.

Request sent to PIH 2100 hrs on 4th April by IHAP secretariat

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Reply received from PIH 0930 hrs on 5th April from ^{s47F} Medical Director, PIH

Meeting scheduled for 1900 hrs on 5th April

Second Meeting 1900 hrs on 5th April 2019 attended by Prof Murphy, Dr Di Dio and Dr Gogna (Panel Chair)

Secretariat attending: ^{s22(1)(a)(ii)}, ^{s22(1)(a)(ii)}, ^{s22(1)(a)(ii)}, ^{s22(1)(a)(ii)}, Department of Home Affairs.

IHAP members acknowledged the document/reply from ^{s47F} (PIH) and also *Health Capability and Capacity in RPCs* document provided by the Secretariat at 1731 hrs on 5th April 2019.

The IHAP members noted an inconsistency in the initial response from PIH and the *Health Capability and Capacity in RPCs* document provided by the Department. According to PIH, the ^{s47F} opens in two weeks' time; however, the departmental information noted that the full suite of services to be delivered by the PIH are on track and due to be implemented by Monday 8 April 2019, including involuntary admissions.

- The Panel noted that ^{s47F} requires very intense and highly specialised care.
- A significant clinical document library (135 pages) wrt to ^{s47F} is listed and has been reviewed.
- The Panel noted that ^{s47F} requires care for ^{s47F} conditions as well as ^{s47F} conditions (access to ^{s47F} at a unit able to provide that).
- There was uncertainty with the Medical Officer of the Commonwealth (MOC) report in terms of what services were available in PNG with regard to voluntary ^{s47F} and involuntary ^{s47F} services.
- It was noted that the ^{s47F} facility which is on track to be implemented in PIH should not be ruled out for future cases; however, it is uncertain if it would be a suitable environment for ^{s47F} at the beginning of its implementation. It is not clear if the new facility will be fully operational from the day it opens.
- All three IHAP members recommended the transfer be approved.

Action

- The Panel expressed that when IHAP is fully established, a member with Mental Health expertise should perform a visit to PNG to ensure scope/ capabilities of Clinical /Mental health services. IHAP watching brief.
- Pending a visit to PNG, the Panel expressed interest in undertaking a teleconference with the Medical Director of PIH, and preferably a video Skype session so as to demonstrate services via a virtual tour of the facilities. Timeframe 2 weeks.
- Update on when mental health services are fully operational (consistent with expected timelines). Secretariat to provide.

IHAP recommendations:

All three IHAP members agreed that their recommendation is that ^{s47F} transfer to Australia for medical treatment should be **approved**. This recommendation was based on the following reasons:

1. ^{s47F} clinical presentation of ^{s47F}, as confirmed by the treating doctors who notified the Secretary of the case.
2. Uncertainty around the timing of services being available in PNG wrt ^{s47F} services.
3. Concerns regarding whether the new ^{s47F} facility has the required complex care / practitioners to meet the clinical needs of ^{s47F}, given it is still being set up. IHAP would welcome an update on the facilities at PIH as they are commissioned and fully operational.
4. Management of ^{s47F} and confirmation of ongoing ^{s47F}.

Meeting closed at 1915 hrs and the Chair formally thanked the Secretariat for its assistance.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Document Library reviewed:

Letter from National Justice Project (5 pages)

Treating Doctors' Referrals (31 pages)

- §47F
- §47F
- §47F

PIH document 1 – POM Records - 2.4.19 - (60 pages)

PIH document 2 – §47F Report - 6.3.19 (1 page)

PIH document 3 – Treatment Refusal - 25.2.19 (1 page)

PIH document 4 – POM Records - 2.4.19 (6 pages)

PIH document 5 – Medical Update - 18.3.19 (1 page)

PIH document 6 – Medical Update - 8.3.19 (1 page)

PIH document 7 – Medical Report - 6.3.19 (1 page)

PIH document 8 – Medical Update - 15.3.19 (1 page)

PIH document 9 – Clinical Update - 30.3.19 (1 page)

PIH document 10 – Lab Results - 2.4.19 (7 pages)

PIH document 11 – Medical Report - 6.3.19 (1 page)

PIH response to IHAP for additional information (2 pages)

ABF Client Brief (4 pages)

MOC Opinion dated 30.4.19 (2 pages)

Departmental brief – Health Capability and Capacity – Nauru and PNG, 5 April 2019 (10 pages)

Panel members assessing:		Dr Parbodh Gogna(Chair) Professor Brendan Murphy Dr Antonio Di Dio	
IHAP Majority recommendation:		The Minister's refusal is confirmed: No	Majority: Three out of three members
		Transfer is recommended: Yes	
Date of IHAP recommendation:	05/04/2019	Time of IHAP recommendation:	1915 hrs
Deemed approval (post 72 hours)?	No	Meeting outcomes recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

INDEPENDENT HEALTH ADVICE PANEL

For Official Use Only

Minutes – IHAP Meeting 29th April 2019

Location: Teleconference

Time: Start 19:00 – Finish 20:00

Attendees

Organization	Attendees
Independent Health Advice Panel	Dr Parbodh Gogna, Chief Medical Officer, Surgeon-General ABF, Department of Home Affairs (Chair) Professor Brendan Murphy, Commonwealth Chief Medical Officer, Department of Health Professor Paul Kelly Acting Commonwealth Chief Medical Officer Dr Antonio Di Dio, nominee from the Australian Medical Association A/Professor Susan Moloney, nominee from the Royal Australasian College of Physicians and expert in paediatric health
Department of Home Affairs	s22(1)(a)(ii) A/g Assistant Secretary, Immigration Health Branch s22(1)(a)(ii) Director, IHAP Secretariat s22(1)(a)(ii) Assistant Director IHAP Secretariat
Apologies	Nil

Agenda

Agenda Item 1

- Dr Gogna welcomed new IHAP member, Professor Susan Maloney, and acting Commonwealth Chief Medical Officer, Professor Paul Kelly. (A full complement of currently constituted members eligible to attend were able to attend this meeting) and existing members to the meeting.
- s22(1)(a)(ii) requested biographies from Professor Maloney and Dr Di Dio which will be uploaded onto GovTEAMS, when provided.

Agenda Item 2 and 3 Minutes of the previous meeting: Clinical Assessment of s47F was completed on the 4th of April 2019:-This record was accepted as true and accurate by the three IHAP members in attendance at that meeting.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Actions Arising

It was agreed that a separate Actions tracker be attached to these minutes so as to monitor completed and active actions arising.

- The IHAP reviewed the 4 April 2019 action items and sought an update from s22(1)(a)(ii). IHAP agreed to note the update in the IHAP Meeting Action Item Tracker (also be available on GovTEAMS).
- Dr Gogna, as Chair, provided an overview of the IHAP reporting required and confirmed that two reports are required.
- The first report should consist of an assessment that covers:
 - the physical and mental health conditions of transitory persons in regional processing countries, and
 - the standards of health services provided to transitory persons in regional processing countries.
- Professor Murphy suggested that the first report should be an interim report until all members are appointed and some IHAP members have visited the regional processing countries. Other IHAP members supported this approach.
- There was acknowledgement of the Department's policy to fund travel for two IHAP members to the regional processing countries twice a year (one to each location). The IHAP noted the IHAP Secretariat's role to support and facilitate the travel. The current members of IHAP as of 29 April 2019, agreed that the visit schedule is finalised prior to the 30 June 2019.
- In addition to the first report, the IHAP must, as soon as practicable after 31 March, 30 June, 30 September and 31 December in each year, prepare and give to the Minister a report on its operations during the three month period that ended on that day.
- s22(1)(a)(ii) clarified that the Minister must cause a summary of each report to be laid before each House of the Parliament within 3 sitting days of that House after the report is given to the Minister.
- Dr Gogna provided an overview of the reporting requirements as outlined in 199C (d) of the *Migration Act 1958* which is to assess the adequacy of health services and support provided to transitory persons in regional processing countries.
- The IHAP requested the Chair, Dr Gogna, to develop the draft first report assessment and the quarterly report templates that are to be provided to IHAP members on Saturday, 4 May, for comment.
- A/Prof Moloney noted the need to see sophisticated data on transitory persons in order to monitor their health. IHAP agreed that they need PNG and Nauru data on persons in order to monitor and manage their health care. It was also noted that regular comprehensive information on transitory persons should be provided which includes age, gender, employment/financial assistance, medical conditions, medication security, family support, location, clinical issues, evidence of transfer to alternative sites when health services do not have scope to deal with the clinical issue and resettlement programme data. In addition to these items, it was noted that regular information on health capability and capacity for PNG and Nauru should be provided to IHAP. It was also noted that IHAP should be informed of obvious gaps in health services and any recommendations made on health care in regional processing countries.
- IHAP requested the Chair, Dr Gogna, to complete the formal request for information to the Secretary that outlines the documents and data required to monitor transitory persons in relation to their physical and mental health. The IHAP also requested the information and data which allows them to ascertain the standard of health care in regional processing countries. Dr Gogna agreed to develop a list of documents and data required and to formally request this information from the Secretary.
- The IHAP agreed to a virtual tour of PIH to take place from 7am-8am AEST on 3 May 2019 using the GovTEAMS platform, if possible. The IHAP Secretariat is to arrange and confirm this tour by 2 May 2019.
- The meeting concluded at 20:00

Action items

1. Professor Moloney and Dr Di Dio to provide their biographies to the IHAP Secretariat.
2. Dr Gogna to complete the formal request for information to the Secretary that outlines the documents and data required to monitor transitory persons in relation to their physical and mental health. The IHAP also requested the information and data which allows them to ascertain the standard of health care in regional processing countries.
3. Dr Gogna to develop the draft assessment and quarterly report templates that are to be provided to IHAP members on Saturday, 4 May, for comment.
4. IHAP Secretariat to arrange a second IHAP reporting meeting from 7-8pm on Monday, 6 May, to discuss the report templates.
5. IHAP Secretariat to arrange a virtual tour of PIH from 7-8am on Friday, 3 May, if possible.
6. IHAP agreed that the visit schedule to RPC's be finalised prior to the 30 June 2019.

INDEPENDENT HEALTH ADVICE PANEL

For Official Use Only

IHAP Meeting Minutes – 6 May 2019

Date: 6 May 2019

Time: 19:00-20:00

Virtual meeting held via GovTEAMS

Attendees

Organization	Attendees
Independent Health Advice Panel	<p>Dr Parbodh Gogna, Chief Medical Officer, Surgeon-General ABF, Department of Home Affairs, IHAP Chair</p> <p>Professor Brendan Murphy, Commonwealth Chief Medical Officer, Department of Health, IHAP member</p> <p>Dr Antonio Di Dio, Australian Medical Association, IHAP member</p> <p>A/Professor Susan Moloney, Royal Australasian College of Physicians and expert in paediatric health, IHAP member</p>
Department of Home Affairs	<p>§22(1)(a)(ii) Director, IHAP Secretariat</p> <p>§22(1)(a)(ii) A/g Assistant Director, IHAP Secretariat</p>
Apologies	<p>Mr Stephen Hayward, First Assistant Secretary, Health Services Policy and Child Wellbeing Division</p> <p>§22(1)(a)(ii) A/g Assistant Secretary, Immigration Health Branch</p>

Meeting open: 19:00

Agenda

1	Welcome to Panel members and attendees
2	Acknowledgement of previous Minutes
3	Update on the status of actions (refer to Action Items Tracker)
4	PIH virtual tour questions
5	<p>IHAP First Report to the Minister</p> <ul style="list-style-type: none"> Plan date for finalisation of first report
6	<p>31 March 2019 IHAP Quarterly Report to Minister</p> <ul style="list-style-type: none"> Plan date for finalisation of 31 March 2019 report
7	<p>Work plan for 2019/2020 next milestone</p> <ul style="list-style-type: none"> Visit to Regional Processing Countries proposed travel period and which members will attend

Released by Department of Home Affairs
under the Freedom of Information Act 1982

- Key outcomes and aims from the visit to Regional Processing Countries
- 30 June 2019 IHAP Quarterly Report to Minister
- First IHAP face to face meeting – 3 weeks prior to the 30 June 2019 IHAP Quarterly Report
- IHAP will have a face to face meeting 3 weeks prior to the end of the reporting period
- Seek IHAP members availability for week 3-7 June 2019

Outcomes

Agenda item 1

Welcome

- The IHAP Chair opened the meeting and welcomed IHAP members, Dr Di Dio, Dr Moloney and Professor Murphy. IHAP Secretariat representatives, s22(1)(a)(ii) and s22(1)(a)(ii) also attended to assist proceedings.

Agenda item 2

Previous Minutes - 29 April 2019

- Minutes endorsed by all members.

Agenda item 3

Update - action items arising from 29 April 2019

- Action item #3 – the formal request for information was completed and sent to the Secretary on Thursday, 2 May 2019 through s199D notice.
- Dr Di Dio advised his biography will be sent to the IHAP mailbox.

Agenda item 4

Pacific International Hospital (PIH) virtual tour – 3 May 2019 debrief

- The IHAP endorsed the questions raised by Professor Murphy arising from the virtual tour.
- No further questions were put forward.
- The Secretariat will transmit these questions to PIH and will advise the IHAP of the response once received.

Agenda item 5

IHAP First Report to the Minister

- The IHAP Chair noted the information requested in the s199D notice may not be received in time to be included in the report.
- IHAP members discussed the information provided on health capacity and the information requested through the s199D notice. IHAP members agreed that the health snapshot information on health capacity and capability should be updated on a quarterly basis to ensure currency, relevance and timely consideration by the IHAP for inclusion in future reports.
- The IHAP Chair advised that an updated version of the first assessment report will be shared by the end of the week (10 May 2019) as information is received and existing information referenced.
- The Chair will include information within the first assessment report to note that the IHAP intends to provide an addendum once further information becomes available post visits to PNG and Nauru by IHAP members.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

- The IHAP discussed retaining the information on historical Child mental health services in Nauru as it provides a context for health capacity and capability, with mention that no children remain on island.
- **Proposed finalisation date: 17 May 2019 – (final draft to IHAP members by Thursday, 16 May 2019).**

Agenda item 6

31 March 2019 – IHAP quarterly report

- The IHAP members agreed that the headings and themes of this report will form the basic structure for future reports.
- Updates on membership will occur once more members join the IHAP.
- The Director, IHAP Secretariat advised that the submission of the March quarterly report may be affected by the Caretaker period.
- **Proposed finalisation date: 10 May 2019 – (final draft to IHAP members by Thursday, 9 May 2019)**

Agenda item 7

IHAP workplan

- It was agreed by the IHAP that Dr Di Dio and Dr Moloney will visit the RPCs before the end of June 2019.
- The IHAP Secretariat will advise on visas and the process for obtaining official passports.
- The most suitable time available for both members is within the first or second week of June. Dr Di Dio and Dr Moloney will advise the Secretariat of their preferred dates by email after consulting their work schedules.
- The IHAP Chair will share with members a list of questions and issues to explore with transitory persons and health service providers in RPCs.
- The IHAP Chair clarified with members that the IHAP has a role with making recommendations directly to the Minister.
- It was agreed by the IHAP that recommendations to the Minister will be agreed to by a majority of the members.
- The IHAP agreed that a subheading on IHAP recommendations, with reference to the number of transitory persons be included in all IHAP reports to the Minister.
- The first face to face meeting of the IHAP will be on Wednesday, 12 June 2019, from 09:00-12:00. The IHAP Secretariat will arrange logistics for this meeting, with the Agenda to be circulated two weeks prior to meeting.
- The addendum to the first assessment report would contain more substantial information obtained from the visit to the RPCs by members.

Action items arising from 6 May 2019 meeting

- 1 The IHAP Secretariat will submit the questions raised by Professor Murphy post the PIH virtual tour and will share the response with the IHAP.
- 2 The IHAP Secretariat will source data on transitory persons in RPCs and will provide this information to the IHAP on a quarterly basis.
- 3 IHAP members Dr Di Dio and Dr Moloney will advise the Secretariat of their preferred dates for a visit to RPCs, with the intention that the visit will occur in the first or second week of June.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

- 4 A further draft of the first report of the IHAP to the Minister will be shared with members by 10 May 2019, with a proposed finalisation date of 17 May 2019.
- 5 The proposed finalisation date for the 31 March 2019 report on IHAP operations will be finalised by 10 May 2019.
- 6 The IHAP Chair will develop a list of questions for approval by IHAP prior to Dr Di Dio's and Dr Moloney's visit to PNG.
- 7 Recommendations to the Minister made by the IHAP will be agreed to by a majority of the members.
- 8 Recommendations made by the IHAP will be included in the quarterly reports.
- 9 The first face to face meeting of the IHAP will be on Wednesday, 12 June 2019, from 09:00-12:00. The IHAP Secretariat will make logistical arrangements and circulate the agenda two weeks prior to meeting.

Meeting close: 20:00

Next meeting: 12 June 2019 or as required

INDEPENDENT HEALTH ADVICE PANEL

For Official Use Only

IHAP Meeting Minutes – 13 May 2019

Date: 13 May 2019

Time: 17:00-17:45

Virtual meeting held via GovTEAMS

Organization	Attendees
Independent Health Advice Panel	Dr Parbodh Gogna, Chief Medical Officer of the Department of Home Affairs and Surgeon-General of the Australian Border Force, IHAP Chair Professor Brendan Murphy, Australian Government Chief Medical Officer (Commonwealth Chief Medical Officer), Department of Health, IHAP member Dr Antonio Di Dio, Australian Medical Association, IHAP member Associate Professor Susan Moloney, Royal Australasian College of Physicians and expert in paediatric health, IHAP member
Department of Home Affairs	§22(1)(a)(ii) Assistant Director, IHAP Secretariat §22(1)(a)(ii) Assistant Manager, IHAP Secretariat §22(1)(a)(ii) A/g Assistant Director, IHAP Secretariat

Meeting open: 17:45

Agenda

1	Welcome to Panel members and attendees
2	Acknowledgement of previous meeting held 3 May 2019 incorporating a virtual tour of Pacific International Hospital, Port Moresby, Papua New Guinea and
3	Update on responses to PIH virtual tour questions
4	Medical transfer case re §47F
5	Discussion re credentials of PIH clinicians
6	Planning for the June 30 Quarterly Report
7	Planning for visits to Regional Processing Countries
8	Acting arrangements during Dr Gogna and Professor Murphy's upcoming periods of leave

Outcomes

Agenda item 1

Welcome

- The IHAP Chair opened the meeting and welcomed IHAP members Professor Murphy, Associate Professor Moloney and Dr Di Dio and the IHAP Secretariat representatives §22(1)(a)(ii) §22(1)(a)(ii) and §22(1)(a)(ii)

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Agenda item 2

PIH virtual tour

- IHAP Chair acknowledged the virtual tour of the PIH facilities in PNG attended by all Panel members on 3 May 2019.

Agenda item 3

Update - action items arising from PIH virtual tour on 3 May 2019

- Following the virtual tour of PIH, on 4 May 2019 Professor Murphy requested further information, endorsed by the Panel during their subsequent meeting on 6 May, including:
 1. The current activity mix and average bed occupancy of the facility; information on where most patients are currently sourced from (including expatriates working in PNG); and the number of transitory persons from Manus Island who have been treated at PIH.
 2. Details regarding the specific activity of the mental health unit; the number of inpatients treated thus far; and whether any involuntary patients have been admitted (given that the facility is new and only just opened).
 3. Medical staff profile - both general and mental health; and information regarding the qualifications and background of the psychiatrist running the new inpatient mental health facility.
- Dr Gogna requested the Panel discuss the information received by the Panel in response to these questions as they would have a direct bearing on their findings and recommendations regarding the case to be reviewed at **Agenda item 4**.
- The IHAP Secretariat confirmed that the requested information and documents were available for the Panel to access on GovTEAMS, including:
 - Attachment A: data on admissions into the various PIH Departments in 2018-2019.
 - Attachment B: information on the 24 transferees who have thus far been treated in the new mental health facility
 - Attachment C: details regarding the credentials of all PIH clinical staff, including name, location, designation, area of practice and educational qualifications
 - Attachment D: curriculum vitae of [REDACTED]

Agenda item 4

Medical transfer case re [REDACTED]

- The IHAP recommended that [REDACTED] transfer to Australia be refused on the proviso that [REDACTED] be transferred from Manus Island to PIH for assessment and treatment.
- The Panel agreed to request a clinical report re [REDACTED] from PIH in **three weeks** and review [REDACTED] clinical course at that time.
- For further details please see the separate clinical assessment form completed by the Panel re [REDACTED] and referred to the Minister of Immigration, Citizenship and Multicultural Affairs on 14 May 2019.

Agenda item 5

Credentials of PIH clinicians

- The IHAP discussed the need to request information from PIH on what verification procedures they utilise to ensure all practitioners are appropriately qualified.
- The Panel also agreed to request information from PIH on what processes they have in place to check the professional conduct records and criminal background of its staff.

Agenda item 6**Planning for IHAP June 30 Quarterly Report**

- The IHAP members agreed that their meeting to discuss the June 30 quarterly report will take place in mid July 2019, with the intention to finalise the report by 31 July.
- The 31 July date for completion of the report will give the Panel time for some of their members to travel to the RPCs (with plans for a visit to PNG in June) and to incorporate any newly appointed members.
- **Proposed finalisation date: 31 July 2019**

Agenda item 7**Visits to Regional Processing Countries**

- It was confirmed by the IHAP that at this stage Dr Di Dio and Associate Professor Moloney will be the two Panel members to visit PNG, incorporating time in both Port Moresby and Manus Island, before the end of June 2019. It was noted that due to in-country logistical considerations, the trip would need to encompass at least five days. Dr Di Dio and Associate Professor Moloney agreed to confirm their availability as soon as possible.
- It was acknowledged that by the time the visits take place there may be other Panel members appointed who may have availability to travel.
- The IHAP Secretariat have commenced preliminary assistance with organising the visit, for example visa applications and the process for obtaining official passports.
- The IHAP Secretariat advised Associate Professor Moloney that an arrangement has been made for her to meet with an Australian Border Force officer at Coolangatta Airport in order for her to have her official documents endorsed.
- It was agreed due to the logistics associated with visiting PNG and Nauru that the date for the provision of the Addendum to the First Report be provided to the Minister on the 31 July (previously 30th June was the agreed date).

Agenda item 8**Arrangements during Commonwealth members' periods of leave**

- The Panel noted that Professor Murphy is on leave from 15-25 May 2019; Professor Paul Kelly will be acting Australian Government CMO in his stead and therefore a member of the Panel during this period.
- The Panel also discussed Dr Gogna's upcoming leave from 18-26 May 2019 and the advisability of having one of the other members to act as Panel Chair for this period. Dr Dio offered to act as Panel Chair and this was endorsed by the other members.

Action items arising from 13 May 2019 meeting

- Action items relating to the medical transfer recommendation for ^{s47F} [REDACTED] are separately documented in the clinical assessment form as noted at Agenda Item 4.
- The IHAP requests information be sought from PIH POM on the procedures it follows to check the credentials and criminal records of its practitioners.
- The Panel confirmed that it intends to send a panel member to PNG to visit the facilities in Port Moresby and on Manus Island in June 2019, noting advice from the Department that due to logistical considerations the visit will need to encompass at least five days.

Meeting close: 1745 hrs

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	13/05/2019 Time: 1034hrs	Name: s47F	
		Date of birth: s47F	Current location: East Lorengau Refugee Transit Centre, Manus Island, Papua New Guinea
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	13/05/2019 Time: 1700hrs	Treating Doctor's referral attached:	Yes - s47F
Reconvened IHAP meeting (if required):	N/a	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes PIH – Clinical Record

IHAP FINDINGS:

Initial Meeting: 1700 hrs on Monday 13 May 2019 attended by all current Independent Health Advice Panel members: Professor Brendan Murphy, Dr Antonio Di Dio, Associate Professor Susan Moloney and Dr Parbodh Gogna (Panel Chair)

Secretariat attending: s22(1)(a)(ii) s22(1)(a)(ii) and s22(1)(a)(ii) Department of Home Affairs.

s47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment following a notification having been received from two physicians that s47F is a relevant transitory person.

Following IHAP document review s47F has been diagnosed with: -

s47F

The Panel accepted the various diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care provider in Papua New Guinea (PNG). The Panel agreed that s47F requires specialised s47F assessment and care for s47F conditions including s47F as well as s47F conditions: - s47F. IHAP notes specialist review for s47F will need to occur particularly as an episode of s47F was documented in the clinical notes.

Released by Department of Home Affairs
under the Freedom of Information Act 1992

Independent Health Advice Panel

The Panel referred to the information contained in §47F clinical records that the health care provider on Manus Island has already recommended §47F for transfer to Pacific International Hospital in Port Moresby (PIH POM). §47F was initially due to be transferred by commercial air carrier on 7 May 2019 but was removed from the flight due to §47F refusal to stow excess weight baggage in the luggage compartment instead of carrying it aboard. The IHAP Secretariat advised that §47F is now due to travel to PIH POM via a charter flight scheduled for Friday 17 May.

The Panel agreed that §47F requires specialist §47F care and therefore cannot safely remain on Manus Island due to §47F. The Panel referred to the scope of the PIH POM facilities as confirmed through a virtual tour of the hospital on 3 May 2019 and subsequent information provided regarding the staffing profile, bed capacity and clinical care of transferees from Manus Island.

The Panel noted that the treating doctors who recommended §47F for transfer to Australia may not have been aware of the scope of the facilities available at PIH POM, including the new §47F ward which opened in April 2019.

The Panel acknowledged the curriculum vitae, qualifications and clinical experience of the §47F at PIH POM, §47F; they are satisfied with §47F credentials and believe that §47F is qualified to ensure §47F health care needs are met. The Panel is satisfied that PIH POM has a general physician able to review the clinical concerns raised above under §47F).

The Panel members all agreed that it would be appropriate for §47F to be transferred to PIH POM for clinical review and for §47F case to be reassessed after an initial period of treatment in order to verify that §47F clinical course is improving. If §47F conditions show no improvement, then it will become clear that a higher level of specialised care is required.

The Panel determined that it will not be necessary for them to speak directly with §47F for clinical assessment at this time as sufficient clinical documentation had been provided.

All four IHAP members recommended that the urgent transfer of §47F to PIH Port Moresby be undertaken for §47F care.

In addition to §47F case, the Panel discussed that they would like to understand the procedures that PIH follow for verifying the credentials of its clinicians, and also their criminal records checking processes.

IHAP recommendations

All four IHAP members agreed that their recommendation is that §47F transfer to Australia for medical treatment should be **refused** initially. This recommendation was based on the following reasons:

1. The health care §47F capacity at Pacific International Hospital in Port Moresby is appropriate to manage the clinical need. §47F requires transfer to PIH POM in order to access the §47F facilities required to fully assess and treat §47F. IHAP recommend that PIH POM review the other clinical issues of §47F. This transfer to PIH POM is due to occur on Friday 17 May 2019.
2. The new §47F service in PIH POM is open and operating, with capacity for both voluntary and involuntary admissions and has available beds.
3. The new §47F facility is headed by a §47F with the experience and qualifications required to adequately ensure §47F needs are addressed.
4. PIH POM has the facilities to ensure §47F is adequately assessed and treated. These issues will need to be highlighted to PIH POM.

The IHAP members agreed that their recommendation that §47F remain in PNG is subject to §47F transfer to PIH as §47F cannot be adequately cared for on Manus Island. If transfer to PIH POM is not immediately feasible, §47F should be considered for transfer to Australia.

The IHAP will seek an updated clinical report from PIH POM in **three weeks** and review the case again at that time.

Meeting closed at 1745 hrs and the Chair formally thanked the Secretariat for its assistance

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Actions:

- The IHAP requested that they receive confirmation in writing regarding the charter flight scheduled to transfer ^{s47F} to Port Moresby on ^{s47F}, and the time it is due to depart Manus Island.
- The IHAP requested that they be informed as soon as ^{s47F} has been transferred to PIH POM.
- The IHAP ask that the secretariat provide PIH POM of its list of ^{s47F} of concern needing clinical review.
- The IHAP will request an updated clinical report from PIH POM on ^{s47F} assessment and treatment for ^{s47F} conditions in **three weeks** and conduct another review of ^{s47F} case at that time.
- If ^{s47F} transfer to PIH POM is not immediately feasible, or if ^{s47F} condition does not improve sufficiently after treatment by PIH POM, the IHAP will make a recommendation to the Minister that ^{s47F} be transferred to Australia for treatment.
- The IHAP requests information be sought from PIH POM on the procedures it follows to check the credentials and criminal records of its practitioners.
- The Panel confirmed that it intends to send a panel member to PNG to visit the facilities in Port Moresby and on Manus Island in June 2019, noting advice from the Department that due to logistical considerations the visit will need to encompass at least five days.

Document library reviewed:

1. ABF Client brief (3 pages)
2. Clinical Advisory Team (MOC) Opinion dated 08.05.2019 (2 pages)
3. Letter from ^{s47F} (5 pages)
4. Treating Doctors' referral (15 pages)
 - a. ^{s47F}
 - b. ^{s47F}
5. PIH Clinical Records
 - a. PIH - ^{s47F} Medical Records (1) 11.05.2019 (55 pages)
 - b. PIH - ^{s47F} Medical Records (2) 11.05.2019 (57 pages)
 - c. PIH - ^{s47F} ^{s47F} Referral - 02.05.2019 (1 page)
 - d. PIH - ^{s47F} ^{s47F} - 02.05.2019 (1 page)
 - e. PIH - ^{s47F} ^{s47F} Report 02.05.2019 (1 page)
 - f. PIH - ^{s47F} ^{s47F} 02.05.2019 (4 pages)
6. PIH Incident Reports
 - a. ^{s47F} Paladin Incident Report - 07.05.2019 (2 pages)
 - b. ^{s47F} PIH Incident Report 01.05.2019(1 page)
7. IHMS Clinical Records
 - a. IHMS Clinical Record (250 pages)
 - b. IHMS - Attachments - Admission, Discharge & Transfer (10 pages)
 - c. IHMS - Attachments - Internal Referral (1 page)
 - d. IHMS - Attachments – Other (23 pages)
 - e. IHMS - Attachments - Other Administrative Document (15 pages)
 - f. IHMS - Attachments - Other Clinical Report (13 pages)
 - g. IHMS - Attachments - Pathology Request (5 pages)

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

h. IHMS - Attachments - Pathology Request Report (30 pages) i. IHMS - Attachments - Radiology Request (7 pages) j. IHMS - Attachments - Radiology Request Report (12 pages) k. IHMS - Attachments - Request for Service (9 pages) l. IHMS - Attachments - Specialist Referral (1 page) m. IHMS - Forms - Admission, Discharge & Transfer (2 pages) n. IHMS - Forms - Internal Referral (15 pages) o. IHMS - Forms - s47F (59 pages)			
Panel members assessing:		Dr Parbodh Gogna (Panel Chair) Professor Brendan Murphy Dr Antonio Di Dio Associate Professor Susan Moloney	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/4
		Transfer is recommended:	No
Date of IHAP recommendation:	13/05/2019	Time of IHAP recommendation:	17:45
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982



For Official Use Only

IHAP Meeting Minutes – IHAP statutory clinical assessment requirement

Date: 17 May 2019

Time: 12:40 – 13:30

Location: Teleconference - §22(1)(a)(ii) and in Level 11, Executive Board Room, 5CA Canberra
§22(1)(a)(ii)

Organisation	Attendees
Department of Home Affairs	<p>Chair - Ms Cheryl-anne Moy, Deputy Secretary/Chief Operating Officer, Corporate and Enabling Group</p> <p>Mr Stephen Hayward, First Assistant Secretary, Health Services Policy and Child Wellbeing Division</p> <p>Ms Pip De Veau, General Counsel/First Assistant Secretary, Legal Division</p> <p>Mr Cody Smith, Assistant Secretary, Migration and Citizenship Litigation Branch</p> <p>Mr Anton Bockwinkel, Assistant Secretary, Migration and Citizenship Law Branch</p> <p>§22(1)(a)(ii) A/g Assistant Secretary, Immigration Health Branch</p>
Independent Health Advice Panel	<p>Dr Parbodh Gogna, Chief Medical Officer, Surgeon-General ABF, Department of Home Affairs, IHAP Chair</p> <p>Professor Paul Kelly, Acting Australian Government Chief Medical Officer, Department of Health</p> <p>Dr Antonio Di Dio, from the Australian Medical Association</p> <p>§22(1)(a)(ii) Executive Officer to Professor Brendan Murphy, Australian Government Chief Medical Officer, Department of Health</p>

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

For Official Use Only

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

Meeting open: 12:40 hrs

Agenda

- 1 Welcome to Panel members and attendees.
- 2 Advice provided to the IHAP on 15 May 2019 for the need to conduct a further clinical assessment of the person (whether in person or remotely).

Outcomes

Agenda item 1

Welcome

- The Chair opened the meeting and welcomed the Attendees.

Agenda item 2

Advice provided to the IHAP on 15 May 2019 for the need to conduct a further clinical assessment of the person (whether in person or remotely).

- Ms Moy provided an overview of the recent changes to the *Migration Act 1958* (the Act) ^{s42}

Normally, the departments administering legislation would develop changes but in this case there was no involvement by the Department in the way that the legislation was written.
- Professor Kelly noted that the IHAP can carry out its functions in such a manner as it determines (subject to s199C of the Act) and asked if this could apply under 198F(2) of the Act whereby IHAP is to conduct a further clinical review of a transitory person. ^{s42}
- Dr Gogna questioned whether the therapeutic relationship of the treating doctor with the person is different to the relationship IHAP members have when they provide a case review.
- Dr Gogna noted that IHAP members have commenced drafting a paper on examples of when clinical opinions are provided remotely without having eyes or ears on the patient.
- Dr Gogna noted that IHAP members would like to decide the value of interviewing someone so that they can appropriately consider the principle of 'do no harm'. They will make this clear in their reports.
- It was noted that this matter is likely to manifest as a risk only when the IHAP confirms the Minister's decision to refuse transfer, i.e. a double negative decision.
- IHAP agreed to consider whether interview was required and safe when the Minister's decision was to refuse transfer. However, IHAP will note in their reports when this is not possible or not in the best interest of the person, balancing a duty of care to the person. *[PG: History proves this is not the case.]*
[PK: We did not agree. We discussed it as an option but the Panel members were unanimous in our opinion that this was not generally a good idea.]
- Dr Gogna sought advice on whether the Panel needs to interview/assess the transitory person or if only one member needs to do this. ^{s42}

Released by Department of Home Affairs under the Freedom of Information Act 1982

For Official Use Only

s42

- Dr Gogna asked the Department to consider the pastoral care and wrap around support for transitory persons before and after a clinical assessment by IHAP. All Panel members were concerned about the potential acute harm that could be caused by IHAP assessment via direct contact.
- Dr Di Dio asked if the Department will indemnify the IHAP as a result of this new advice. The Department will review the frequently asked questions, indemnity insurance, and provide advice to the IHAP. Dr Di Dio advised it would be problematic for him to stay on IHAP as a member if indemnity was not provided by the Department.
- Dr Gogna^{s42} and he advised that the IHAP requires extensive after-hours support.
- Dr Gogna noted that the Department provides Secretariat support during business hours. Ms Moy noted that it was not an issue of after-hours support but the extent of after-hours support.
- Ms Moy noted her concerns with the extent of after-hours support required when the IHAP held meetings after hours.

Actions

1. Adjust IHAP clinical assessment template to include three options to address this requirement:
 - i. The IHAP undertook an interview.
 - ii. The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
 - iii. The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.
2. s42
3. IHAP Secretariat, Regional Processing Taskforce and Detention Offshore Operations Command, to establish operational arrangements that provide pastoral care and wrap-around support for transitory persons before and after a clinical assessment by the IHAP. This will ensure that the individual has the required support in their location.

Meeting close: 13:30 hrs

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	16/05/2019 Time: 1229 hrs	Name: s47F	
		Date of birth: 1 s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	17/05/2019 Time: 1225hrs	Treating Doctor's referral attached:	Yes s47F s47F s47F s47F
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes PIH Clinical Record

IHAP findings:

Initial meeting: 1225 hrs on Friday 17 May 2019 attended by three of four current Independent Health Advice Panel members: Dr Parbodh Gogna (Panel Chair), Dr Antonio Di Dio and Professor Paul Kelly.

Secretariat attending: s22(1)(a)(ii) and s22(1)(a)(ii) Department of Home Affairs

s47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment following a notification having been received from two physicians that s47F is a relevant transitory person.

Following IHAP document review s47F has been diagnosed with:

s47F

The panel agreed with the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care provider in Papua New Guinea (PNG). The panel agreed that s47F requires urgent and specialised inpatient care for s47F

The Panel agreed that s47F required urgent specialist s47F care that cannot be provided on Manus Island. The panel noted that s47F has demonstrated aspects that raise the risk s47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

s47F these include s47F. Compounding these the IHAP members note the s47F.

The Panel considered the services available at Pacific International Hospital in Port Moresby (PIH POM), however, did not consider they could be confident that PIH could provide the specialised setting required to treat s47F. Importantly it was recognised that s47F also referenced that s47F relationship with PIH had broken down. All three members agreed that they could be assured that treatment in Australia would be in a specialised and appropriate setting.

All three IHAP members recommended that the urgent transfer of s47F to Australia be undertaken for s47F care and treatment.

The Panel discussed that section 198C(7) Migration Act states: *An officer must not bring a person to Australia from a regional processing country in accordance with subsection (1), (3), (4) or (5) while the person does not consent to being brought to Australia* and noted that if the Panel recommends s47F transfer to Australia for treatment s47F may refuse to transfer due to s47F. The IHAP would like to be informed when transfer to Australia has been completed.

IHAP recommendations

Three of the four IHAP members agreed that their recommendation is that s47F transfer to Australia for medical treatment be **approved**. This recommendation is based on the following reasons:

1. The patient is acutely unwell and requires urgent s47F care.
2. Urgent treatment is required as there is a history of s47F
3. There is a breakdown in s47F relationship with health service providers at Pacific International Hospital Manus Island and concern this extends to PIH POM.
4. The patient requires very specialised care due s47F.

The IHAP members agreed that their recommendation that s47F be transferred to Australia is based on the above factors.

Meeting closed at 1240 hours.

IHAP have agreed that this clinical assessment can be performed remotely as concern of decompensation of symptoms could acutely occur. With this codicil of Do No harm and extensive clinical experience of the individual IHAP members in Clinical Governance we agree the document suite reviewed provides sufficient clinical information to make an assessment.

Actions:

- Dr Gogna, as IHAP Chair will contact IHAP member Associate Professor Susan Moloney on the evening of 17/05/2019 (before departing the country) to discuss the Panel's decision and seek her view and recommendation regarding s47F. Noting this decision due to majority will now stand.
- Dr Di Dio, as Deputy chair IHAP will be acting Chair IHAP in Dr Gogna's absence, he will review the final Clinical Assessment on GovTEAMS and confirm the completion of the Clinical Assessment Form with the IHAP Secretariat.
- IHAP requested a written brief on the PNG Mental Health act.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Document library reviewed: (list documents considered)

1. ABF Client brief – 2 pages
2. Clinical Advisory Team (MOC) Opinion dated 13.05.2019 – 2 pages
3. Letter from §47F – 19 pages
4. Treating Drs referral – 17 pages
 - a. §47F – 7 pages
 - b. §47F – 6 pages
 - c. §47F – 2 page
 - d. §47F – 2 pages
5. PIH Clinical Records
 - a. PIH – §47F Medical Records – 36 pages
6. PIH Incident Reports
 - a. §47F Paladin Incident Report 04.05.19 – 2 pages
 - b. §47F Paladin Incident Report 04.05.19 – 2 pages
 - c. §47F Paladin Incident Report 08.05.19 – 1 page

Panel members assessing:		Dr Parbodh Gogna (IHAP Chair) Professor Paul Kelly Dr Antonio Di Dio Associate Professor Susan Maloney (an apology)	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	3/4
		Transfer is recommended:	Yes
Date of IHAP recommendation:	17/05/2019	Time of IHAP recommendation:	05:43 PM
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	29/05/2019 Time: 1633hrs	Name: §47F	
		Date of birth: §47F	Current location: Nauru
		Country of birth: §47F	ID number: §47F
IHAP Meeting date:	30/05/2019 Time: 1800hrs	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/a	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes PIH/IHMS – Clinical Records
Interview with Transitory Person <input type="checkbox"/> The IHAP undertook an interview. <input type="checkbox"/> The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier. <input checked="" type="checkbox"/> The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.			
IHAP findings: Initial meeting: 1800 hrs on Thursday 30 May 2019 attended by all current Independent Health Advice Panel members: Professor Brendan Murphy, Dr Antonio Di Dio, Associate Professor Susan Moloney and Dr Parbodh Gogna (Panel Chair). Secretariat attending: §22(1)(a)(ii) §22(1)(a)(ii) §22(1)(a)(ii) §22(1)(a)(ii) §47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment, following a notification having been received from two physicians that §47F is a relevant transitory person. Following IHAP document review §47F has been diagnosed with: §47F			

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

s47F

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Papua New Guinea (PNG) and the report by the Medical Officer of the Commonwealth. IHAP have also provide commentary on other areas of clinical significance found during this review.

The Panel agreed that s47F requires specialist s47F care and therefore cannot safely remain on Manus Island due to s47F. s47F will also require the s47F to be managed once transferred to s47F care at PIH POM.

The Panel noted that the treating doctors who recommended s47F transfer to Australia may not be aware of the scope of the facilities available at PIH POM, including the new s47F ward which opened in April 2019 and the incumbent specialist staff.

The Panel noted and acknowledged the credentials of the treating doctors making the referral.

The Panel noted that there appears to have been no prior attempts for s47F to be transferred to PIH POM for s47F care.

The Panel acknowledged the curriculum vitae, qualifications and clinical experience of the head s47F at PIH POM, s47F, they are satisfied with s47F credentials and believe that s47F is qualified to ensure s47F health care needs are initially met. The Panel is satisfied that PIH POM has a general physician able to review the clinical concerns raised above under s47F.

The Panel members agreed that it would be appropriate for s47F to be transferred to PIH POM initially noting the above, the facilities and specialist services. Once clinical review, assessment and treatment are initiated the Panel request that the case be reviewed after an initial period of treatment in order to verify that his clinical course is improving.

IHAP determined that it will not be necessary for them to speak directly with s47F for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that s47F has s47F conditions and s47F identified by the treating medical professionals.

IHAP acknowledges the uncertainty that s47F may be experiencing and request that s47F be pastorally supported during this time. IHAP also requests s47F be informed with necessary interpreter support that s47F will be transferred to PIH POM for s47F medical care. All four IHAP members recommended that the urgent transfer of s47F to PIH POM be undertaken for s47F care.

IHAP recommendations

All four IHAP members agreed that their recommendation is that s47F transfer to Australia for medical treatment should be **refused** initially. The recommendation was based on the following reason:

1. The health care s47F capacity at Pacific International Hospital in Port Moresby is appropriate to manage the initial clinical need. s47F requires transfer to PIH POM in order to access the s47F facilities required to fully assess and treat s47F.
2. The s47F service in PIH POM is open and operating, with capacity for both voluntary and involuntary admissions and has available beds.
3. The s47F facility is headed by a s47F with the experience and qualifications required to adequately ensure s47F health needs are initially assessed, stratified and treated accordingly.
4. PIH POM has the facilities to ensure s47F are adequately assessed and treated. These issues will need to be highlighted to PIH POM.

The IHAP agreed that their recommendation that s47F remain in PNG is subject to s47F transfer to PIH POM as s47F cannot be adequately cared for on Manus Island. The Panel recommended s47F be transferred to PIH POM within 48 hours.

The IHAP will seek an updated clinical report from PIH POM **two weeks** after arrival and review the case again at that time.

Meeting closed at 1850 hrs and the chair thanked the Panel members and the Secretariat.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Actions:

- The IHAP request they be informed as soon as possible after s47F has been transferred to PIH POM.
- The IHAP request a clinical report from PIH POM on s47F following assessment and treatment of s47F conditions. This report is to be provided at the **two-week** interval post transfer. IHAP will conduct a follow-up review of his case at that time.
- Clinical Governance: It was noted the patient has been prescribed s47F on two separate occasions despite documented allergy s47F. This issue should be notified to the Chief Medical Officer of PIH.
- IHAP requests further information on the ongoing vaccination of transitory persons for s47F whether this is occurring and how.
- IHAP agreed the list of clinical conditions and suggestions listed above be provided to the treating clinical team at PIH POM.
- IHAP also noted the treating doctors making the referral may not have been aware of the new s47F facilities available at PIH POM. IHAP request the Department of Home Affairs consider this information be disseminated to treating doctors.

Document library reviewed: (list documents considered)

1. ABF Client brief – 2 pages
2. Clinical Advisory Team (MOC) Opinion dated 24.05.2019 – 2 pages
3. Letter from s47F – 5 pages
4. Treating Drs referral – 12 pages
 - a. s47F – 6 pages
 - b. s47F – 6 pages
5. Clinical Records
 - a. s47F Medical Records – 168 pages

Panel members assessing:		Dr Parbodh Gogna (Chair) Professor Brendan Murphy Dr Di Dio Associate Professor Susan Moloney	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/4
		Transfer is recommended:	No
Date of IHAP recommendation:	30/05/2019	Time of IHAP recommendation:	18:50
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	03/06/2019	Name: §47F	
	1500 hrs	Date of birth: §47F	Current location: PIH POM
		Country of birth: §47F	ID number: §47F
IHAP Meeting date:	03/06/2019 1800 hrs	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely §47F §47F
		Health Service Provider clinical summary received:	Yes/No Note:

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☐ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Initial meeting: 18:30 hrs on Monday 3 June 2019 attended by **all** four current Independent Health Advice Panel members: Dr Parbodh Gogna (Panel Chair), Dr Antonio Di Dio, Professor Brendan Murphy and Associate Professor Susan Maloney.

Secretariat attending: §22(1)(a)(ii) and §22(1)(a)(ii) Department of Home Affairs

§47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment following a notification having been received from two physicians that §47F is a relevant transitory person.

Following IHAP document review §47F has been diagnosed with:

§47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

s47F

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Papua New Guinea (PNG) and the report by the Medical Officer of the Commonwealth. The panel noted, however, the different approaches between the two treating doctors' reports. The reports were dated differently and the Panel acknowledged that clinical scenarios can change over time.

The Panel agreed that s47F has not received appropriate treatment for s47F conditions which include s47F. The Panel raised system issues including the handover protocols being followed in PNG to ensure consistent and appropriate treatment between professionals and facilities. Such protocols need individualised responsibility for patients with formal and documented handover, for patient care and protection.

The Panel did consider that s47F can be treated in PNG and that the services available at Pacific International Hospital in Port Moresby or at Lorengau Hospital are appropriate, highlighting the need for specialised treatment of s47F. Again, the Panel stated the need for the treating doctors to be educated regarding the facilities and treatment available at Pacific International Hospital in Port Moresby (PIH).

The panel noted the advice of the s47F surgeon at PIH that s47F conditions were improving and requested further evidence of this by way of photographs of the s47F within 48 hours of this report. The s47F should include, as a minimum, s47F. In the presence of s47F other tests are required.

It would be worth considering the performance of a s47F protocol is formulated for PIH.

An MRI report is imperative promptly, as findings may lead to a requirement for further s47F to exclude s47F. Should s47F be confirmed, the Panel needs to be advised on long-term appropriate s47F treatment and monitoring, to ensure appropriate management undertaken.

PIH should purchase online therapeutic guidelines.

IHAP recommendations

The IHAP members agreed that their recommendation is that s47F transfer to Australia for medical treatment be **refused**. This recommendation is based on the following reasons:

1. The patient's conditions are improving and he is now receiving pain relief.
2. The appropriate treatment is available at PIH.

The IHAP members agreed that their recommendation that s47F treatment be continued in PNG and that their findings be shared with PIH regarding appropriate treatment.

Meeting closed at 18:50 hours.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Actions:

The Panel requested photographs of the §47F condition §47F), §47F tests within 48 hours.

The Secretariat will provide the draft Clinical Assessment to the Chair for review by 09:30 hours on 4 June 2019.

Document library reviewed:

1. ABF Client brief – 2 pages
2. Clinical Advisory Team (MOC) Opinion dated 30.05.2019 – 2 pages
3. Notification by §47F to Secretary – 4 pages
4. Treating doctors' referral – 13 pages
 - a. §47F – 6 pages
 - b. §47F – 7 pages
5. Clinical Records
 - a. – 40 pages
 - b. – 1 page (updated report)
6. Discharge Summaries

Panel members assessing:

Dr Parbodh Gogna
 Professor Brendan Murphy
 Dr Antonio Di Dio
 Associate Professor Susan Moloney

IHAP Majority recommendation:

Is the Minister's refusal confirmed:

Yes

Majority (out of total members):

4/4

Transfer is recommended:

No

Date of IHAP recommendation:

04/06/2019

Time of IHAP recommendation:

15:47

Deemed approval (post 72 hours)?

No

Meeting audio recorded:

No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	03/06/2019	Name: s47F	
	Time: 18:24 hrs	Date of birth: s47F	Current location: PNG Port Moresby
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	03/06/2019 1800hrs	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

☐ The IHAP undertook an interview.

☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.

☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Initial meeting: 03/06/2019 1800hrs attended by **all** four Independent Health Advice Panel members: Dr Parboodh Gogna (Panel Chair), Dr Antonio Di Dio, Associate Professor Sue Moloney and Professor Brendan Murphy.

Secretariat attending: s22(1)(a)(ii) and s22(1)(a)(ii) Department of Home Affairs.

s47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment following a notification having been received from two physicians that s47F is a relevant transitory person.

Following IHAP document review s47F has been diagnosed with:

s47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

s47F

The Panel was concerned to read that s47F is residing at hotel in Port Moresby without follow-up care given s47F was transferred from Manus to Port Moresby for s47F care. s47F would obviously result in failure to attend outpatient clinic appointments.

The Panel queried the quality of support and lack of treatment s47F is currently receiving in the community.

This Panel questioned the availability/quality of the domiciliary care available to s47F. Members agreed that it is unlikely that the patient would be able to attend outpatient health services given s47F.

Admission to Pacific International Hospital (PIH POM) is urgently required for the patient.

The Panel expressed concern that the patient appeared to have received suboptimal care during handover i.e. when s47F was transferred from East Lorengau medical centre to PIH POM.

The Chair advised s47F name was listed in the patients notes on the s47F results taken when the patient first arrived on Christmas Island. The Chair advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology and chest x-ray requests. IHAP noted the potential/perceived conflict of interest and as the Chair was not the treating doctor on Christmas Island allowed the Chair to continue in the discussion.

The panel also noted the name of s47F as the treating Medical Practitioner at ELRTC Manus Island. The panel noted s47F. The panel also note that s47F name did not appear on a spreadsheet of medical practitioners employed by PIH provided to IHAP.

The panel discussed clinical handover and failure to treat/admit as well as pathways for safety netting. Failure to admit to PIH POM and acute cessation of medications over 10 days is of concern.

Past history of s47F was noted but also on the s47F the patient had s47F.

The Panel members agreed that it would be appropriate for s47F to be transferred to PIH POM as soon as practically possible. Once clinical review, assessment and treatment are initiated the Panel request that the case be reviewed after an initial period of treatment in order to verify that his clinical course is improving.

IHAP determined that it will not be necessary for them to speak directly with s47F for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that s47F has s47F conditions and s47F identified by the treating medical professionals.

All four IHAP members recommended that the urgent transfer of s47F to PIH POM be undertaken for s47F care.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

IHAP recommendations

All four IHAP members agreed that their recommendation is that s47F transfer to Australia for medical treatment be **refused**. This recommendation is based on the following reasons:

1. The patient is acutely unwell and requires voluntary or involuntary admission to PIH POM within 24 hours for urgent s47F care.
2. Patient requires s47F screening for underlying causes of s47F.
3. The Panel note severely s47F patients may s47F and suggest that a domiciliary care system be considered for such patients in PNG (whether located in Manus or Port Moresby). This should include ongoing clinical surveillance in the community.
4. The CMO at PIH be informed of the significant concerns raised by the Panel on :-
 - Poor continuity of care provided to the patient (failure to directly admit to PIH POM).
 - Medication continuity issues- patient has been without medication following transfer to hotel accommodation in Port Moresby.
 - Failure of adequate clinical handover.
 - Investigate whether s47F has been employed by PIH at the ELRTC s47F
 - Progress notes from 4th Feb 2019 incorrectly mention s47F instead of a script for s47F
5. Provide feedback to the treating doctor s47F that the patient resides on Manus Island, not Nauru as indicated in the report provided.
6. Identification of correct patient: The panel notes the patients name is recorded in multiple ways throughout the patient notes/reports (MOC Report, Client brief, IHAP Secretariat and Treating doctors). As such, there are concerns regarding whether all of the medical records are for the s47F. The panel request that the Department of Home Affairs provide scrutiny to ensure documents provided to IHAP are accurate and reflect the same patient.

Actions:

- Urgent Admission of Patient to PIH POM.
- The IHAP request a clinical report from PIH POM on s47F following assessment and treatment of s47F conditions. This report is to be provided at the three-week interval post transfer. IHAP will conduct a follow-up review of his case at that time.
- The CMO at PIH be provided with Recommendation 4 and that a request for feedback be provided to IHAP on the issues raised
- The Department of Home Affairs be advised of the necessity of s47F care to s47F patients so they are not lost to follow-up.
- IHAP also noted the treating doctors making the referral may not have been aware of the new s47F facilities available at PIH POM. IHAP request the Department of Home Affairs consider this information be disseminated to treating doctors.
- IHAP agreed the list of clinical conditions and suggestions listed above be provided to the treating clinical team at PIH POM.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Document library reviewed: ABF Client brief – 2 pages

1. Clinical Advisory Team (MOC) Opinion dated 26.05.2019 – 2 pages
2. Letter from §47F – 6 pages
3. Treating Drs referral – 13 pages
 - a. §47F – 9 pages
 - b. §47F – 6 pages
4. Clinical Records
 - a. §47F Medical Records – 111 pages
 - b. §47F Health Discharge Summary – 7 pages
 - c. §47F Report 6.1.19 – 2 pages
 - d. §47F Report 30.1.19 – 1 pages
 - e. §47F Report 31.1.19 – 1 pages

Panel members assessing:		Dr Parbodh Gogna (Chair) Professor Brendan Murphy Dr Antonio Di Dio Associate Professor Susan Moloney	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/4
		Transfer is recommended:	No
Date of IHAP recommendation:	05/06/2019	Time of IHAP recommendation:	08:41
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	5/06/2019 15:13	Name: s47F	
		Date of birth: s47F	Current location: Port Moresby PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	6/06/2019 18:00	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Initial meeting: 18:00 hrs on Thursday 6 June 2019 attended by all four current Independent Health Advice Panel members: Dr Parbodh Gogna (Panel Chair), Dr Antonio Di Dio, A/Professor Susan Maloney and Professor Brendan Murphy.

Secretariat attending: s22(1)(a)(ii) and s22(1)(a)(ii) Department of Home Affairs

s47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment following a notification having been received from two physicians that s47F is a relevant transitory person.

Following IHAP document review s47F has been diagnosed with:

s47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

s47F

The Chair advised his name was listed in the patients notes on the s47F results taken when the patient first arrived on Christmas Island. The Chair advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the s47F requests. IHAP noted the potential/perceived conflict of interest and as the Chair was not the treating doctor on Christmas Island allowed the Chair to continue in the discussion.

The Panel discussed the patient's recent prolonged hospital stays at PIH POM primarily for medical treatment. The Panel notes that the therapeutic relationship between s47F and PIH POM broke down during s47F most recent hospital admission in March 2019 as evidenced by s47F.

The Panel accepted that s47F has the above s47F conditions and s47F, noting the treating medical professional reports. The Panel felt that s47F were significant even though historical documentation of the incidents were not available. The Panel noted the PIH POM s47F reports queried whether s47F symptoms may be s47F yet the medication charts indicate the patient was prescribed a large number of s47F medications. It was also noted that the patient appears to have s47F deteriorated in between s47F recent hospital admissions which may indicate further decline in s47F.

The Panel notes the patients name is recorded in multiple ways throughout the patient notes eg s47F. Panel members noted the clinical safety errors that can occur when patients are incorrectly identified however accepted in good faith all of the medical records are for s47F.

IHAP determined that it will not be necessary for them to speak directly with s47F for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that s47F has s47F conditions and s47F identified by the treating medical professionals.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

IHAP recommendations

1. All four IHAP members recommended that s47F be transferred to Australia on medical grounds to receive s47F care.
2. Identification of correct patient: The panel notes the patients name is recorded in multiple ways throughout the patient notes/reports (MOC Report, Client brief, IHAP Secretariat and Treating doctors). As such, there are concerns regarding whether all of the medical records are for the s47F. The panel request that the Department of Home Affairs provide scrutiny to ensure documents provided to IHAP are accurate and reflect the same patient.
3. IHAP noted a medical record for s47F was found in s47F medical record. IHAP notes it will be hard to delineate whether these notes reflect – right patient wrong name, right name/notes and wrong clinical record.

Actions:

1. Patient is transported to Australia for specialist care as soon as practicable.
2. IHAP noted it had recently provided advice on cases for s47F care at PIH POM. IHAP request a bed status of the PIH POM s47F facility. IHAP Secretariat to follow-up on bed availability of PIH POM s47F facility.
3. Notify IHAP on completed transfer.

Document library reviewed: ABF Client brief – 2 pages

1. ABF Client brief – 2 pages
2. Clinical Advisory Team (MOC) Opinion dated 03.06.2019 – 2 pages
3. Letter from s47F dated 31.05.2019 – 6 pages
4. Treating Drs referral – 19 pages
 - a. s47F – 12 pages
 - b. s47F – 7 pages
5. Clinical Records
 - a. s47F Medical Records – 319 pages
 - b. s47F Health Discharge Summary – 9 pages

Panel members assessing:

Dr Parbodh Gogna (Chair)
 Professor Brendan Murphy
 Dr Antonio Di Dio
 Associate Professor Susan Moloney

IHAP Majority recommendation:

Is the Minister's refusal confirmed:	No
Majority (out of total members):	4/4

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

		Transfer is recommended:	Yes
Date of IHAP recommendation:	07/06/2019	Time of IHAP recommendation:	17:55
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	07/06/2019 Time: 1643 hrs	Name: s47F	
		Date of birth: s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	08/06/2019 1700 hrs	Treating Doctor's referral received?	Yes
Reconvened IHAP meeting (if required):	10/06/2017 Time: 1200 hrs	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Initial meeting: 1700 hrs on Saturday 8 June 2019 attended by all four current Independent Health Advice panel members. Dr Parbodh Gogna (Panel Chair), Dr Antonio Di Dio, A/Professor Susan Moloney and Professor Brendan Murphy.

Secondary meeting: 1200 hrs on Monday 10 June 2019 attended by all four current Independent Health Advice panel members. Dr Parbodh Gogna (Panel Chair), Dr Antonio Di Dio, A/Professor Susan Moloney and Professor Brendan Murphy.

Secretariat attending: s22(1)(a)(ii) and s22(1)(a)(ii) Department of Home Affairs

s47F has been referred to the Independent Health Advice Panel by the Minister for clinical assessment following a notification having been received from two physicians that s47F is a relevant transitory person.

Following IHAP document review s47F has been diagnosed with:

s47F

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

Sensitive

s47F

The Chair advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology and chest x-ray requests. IHAP noted the potential/perceived conflict of interest and allowed the Chair to continue in the discussions.

The panel noted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care provider in Papua New Guinea (PNG). The panel agreed that s47F requires urgent and specialised s47F care for s47F conditions which include s47F listed above.

The panel agreed that s47F required urgent s47F care that cannot be sufficiently provided on Manus Island. The panel were concerned whether s47F in s47F current location until transfer either to PIH POM or Australia can be enacted.

The Panel considered the services available at Pacific International Hospital in Port Moresby (PIH POM) and agree that s47F can be treated there initially provided s47F is able to be transferred to PIH POM at the earliest possible time. The Panel agreed that if there is a services/logistical delay for admission at PIH POM then s47F should be transferred to Australia for treatment.

The Panel noted that the treating doctor's reviews took place two weeks ago and the report from the s47F at PIH ELRTC approximately one week ago. This chronology of events and the risk to the individual underpin the recommendation of expedient transfer of s47F.

All four IHAP members recommended in the interim that s47F be transferred to PIH POM within 48 hours.

The Panel agreed to reconvene on Monday 10 June 2019, to review the transfer of s47F to PIH POM. The Panel agreed to reserve their final recommendation on s47F transfer to Australia pending review of transfer being feasible to PIH POM during these 48 hours.

The Panel notes the patients name is recorded in multiple ways throughout the patient notes Panel members noted the clinical safety errors that can occur when patients are incorrectly identified however accepted in good faith all of the medical records are for s47F.

The Panel also note that some of the scanned clinical notes provided to the panel are unreadable.

The Panel noted a medical record for s47F was found in s47F medical record.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

IHAP determined that it will not be necessary for them to speak directly with s47F for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that s47F has s47F and s47F identified by the treating medical professionals.

IHAP recommendations

1. The IHAP members recommended that s47F be transferred to PIH POM within 48 hours at the initial meeting on 8 June 2019. s47F requires urgent s47F care and medical treatment for s47F. The IHAP requested the Secretariat to notify the Department of the initial recommendation and provide feedback at the 10 June 2019 meeting.
2. The IHAP recommends that s47F be refused transfer to Australia as s47F has been transferred to PIH POM within the required timeframe. This was notified to IHAP members at the meeting on 10 June 2019.
3. The CMO at PIH be informed of the concerns raised by the panel on:
 - Progress notes with different patient names have been noted in the same record.
 - Decision support tools such as Therapeutic Guidelines be considered for s47F stewardship.
4. s47F be considered for all transitory persons noting this is s47F noted by the IHAP on case reviews.

8 June 2019 meeting closed at 1725 hours.

10 June 2019 meeting closed at 1221 hours.

Actions:

1. Patient be transferred to PIH POM within 48 hours.
2. Transfer/case will be reviewed at a follow-up meeting. If transfer to PIH POM is not possible in the timeframe suggested by IHAP then transfer to Australia will need discussion. Second IHAP meeting is scheduled for 10 June 2019, 1200 PM to review transfer recommendation prior to expiry of the 72 hour timeframe. Secretariat will provide an update at that meeting.
3. IHAP agreed the list of clinical conditions and suggestions listed above be provided to the treating clinical team at PIH POM/Australia- so that s47F disease/ conditions be attended to.
4. Following the secondary meeting IHAP acknowledged patient has been transferred to PIH POM.
5. IHAP would like a clinical progress report for s47F after 3 weeks to review how s47F is progressing.
6. IHAP Secretariat will notify the Panel in any delays in the provision of the review report.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive**Document library reviewed:** ABF Client brief – 2 pages

1. Clinical Advisory Team (MOC) Opinion dated 03.06.2019 – 2 pages
2. Letter from s47F – 5 pages
3. Treating Drs referral – 12 pages
 - a. s47F – 7 pages
 - b. s47F – 5 pages
4. Clinical Records
 - a. s47F Medical Records – 399 pages
 - b. s47F Health Discharge Summary – 6 pages

Panel members assessing:

Dr Parbodh Gogna (Chair)
 Professor Brendan Murphy
 Dr Antonio Di Dio
 Associate Professor Susan Moloney

IHAP Majority recommendation:**Is the Minister's refusal confirmed:**

Yes

Majority (out of total members):

4/4

Transfer is recommended:

No

Date of IHAP recommendation:

10/06/2019

Time of IHAP recommendation:

1221 hours

Deemed approval (post 72 hours)?

No

Meeting audio recorded:

No

 Released by Department of Home Affairs
 under the Freedom of Information Act 1982
Sensitive

Independent Health Advice Panel

First Face-to-Face Meeting Minutes

Date: Wednesday, 12 June 2019

Time: 8:45 am to 12:00 pm (AEDT)

Location: Ground Floor, 5 Constitution Avenue Canberra ACT 2600

Participants:

Organisation	Participants
Independent Health Advice Panel:	<p>Dr Parbodh Gogna, Chief Medical Officer of the Department of Home Affairs and Surgeon-General of the Australian Border Force, IHAP Chair</p> <p>Professor Brendan Murphy, Australian Government Chief Medical Officer (Commonwealth Chief Medical Officer), Department of Health, IHAP member</p> <p>Dr Antonio Di Dio, Australian Medical Association, IHAP member</p> <p>Associate Professor Susan Moloney, Royal Australasian College of Physicians and expert in paediatric health, IHAP member</p>
Department of Home Affairs:	<p>Ms Cheryl-anne Moy, Chief Operating Officer, Deputy Secretary Corporate and Enabling</p> <p>Mr Peter Timson, Acting Assistant Commissioner, Detention and Offshore Operations Command, ABF</p> <p>Mr Stephen Hayward, First Assistant Secretary, Health Services Policy and Child Wellbeing Division</p> <p>Ms Pip De Veau, First Assistant Secretary/Legal Counsel</p> <p>Mr David Nockels, First Assistant Secretary, Property and Major Contracts</p> <p>Ms Alana Sullivan, Assistant Secretary, Regional Processing Taskforce</p> <p>Mr Anton Bockwinkel, Assistant Secretary, Migration and Citizenship Law</p> <p>s22(1)(a)(ii) Acting Assistant Secretary, Health Services Policy and Child Wellbeing Division</p> <p>Ms s22(1)(a)(ii) Acting Director, IHAP Secretariat</p>
Meeting open: 08:45	
Acknowledgement of Country:	Dr Gogna, IHAP Chair
Apologies:	Nil

For Official Use Only

Conflict of Interest declarations: Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology and chest x-ray requests. The Chair also advised he was a Senior Medical Officer on Manus Island 2013/2014. The meeting noted the potential/perceived conflict of interest and advised they were happy for the Chair to continue in the discussion.

The agenda for the meeting is at **Attachment A**.

[Item 1] The Chair opened the meeting and welcomed Independent Health Advice Panel (IHAP) members and departmental officers. He mentioned that the main theme of the meeting would be the second quarterly report, and apologised for the lateness of the provision of the agenda and background documents due to clearance processes and undertook the Secretariat to provide these earlier for future meetings.

[Item 2] Ms Moy noted Dr Gogna's role as IHAP Chair and advised of the challenges with his role of Chief Medical Officer/Surgeon General for the Department. Mr Hayward introduced the Panel members to the departmental participants noting their roles.

[Item 3] Ms Moy updated the Panel on the Ministers and their new titles and explained that at any time prior to the first sitting day in July, the Prime Minister will issue charters to each Minister. In the meantime, we will work to Minister Dutton until we know which Minister has Regional Processing in their charter.

Ms Moy said that she is awaiting Minister Coleman's advice on who would sign off the appointment of new Panel members and that she would follow up with his office today.

Action Item 1: COO

Ms Moy provided an update on the relevant legislation and commented that, given the particular circumstances that gave rise to the relevant provisions, there was no explanatory material (such as Explanatory Memoranda and Second Reading speeches) to explain Parliament's intention behind the provisions. As a result, the intent of those who drafted the Bill is still somewhat unknown on some aspects. While the Department is awaiting a Federal Court decision about how an 'assessment' to be conducted by treating doctors is to be read, the issue of whether the legislation may be repealed would not be known until after Parliament's first sitting day in early July. She reminded the Panel, that the Department continued to execute its day-to-day business while awaiting these outcomes.

s42

s42

Ms Moy thanked the Panel and the Secretariat for their work and wished them well for their meeting before departing to attend to other commitments at 0915hrs.

For Official Use Only

For Official Use Only

s42

s42

s42

Action Item 2: Legal Counsel

The Chair mentioned that indemnity may also be an issue when members travel to offshore locations where their own professional obligation would be to provide medical assistance if appropriate.

The Chair brought up the issue arising in a particular case where a recommendation was made by the Panel to refuse transfer without having eyes or ears on the individual, but the Panel were under the impression it had become a deemed approval. Some time later, IHAP were informed that the person was transferred to Pacific International Hospital (PIH) in Port Moresby rather than Australia, and the members questioned the process and notification provided. Mr Hayward will confirm the sequence.

s42

s42

Action Item 3: Panel**For Official Use Only**

For Official Use Only

Following the meeting, Dr Di Dio suggested a way to allow the Department to provide indemnity cover to members should be to employ IHAP members as consultants. ⁵⁴²

Action Item 4: Secretariat

[Items 4, 5 & 8] The Panel members were informed of the various arrangements in place for the medical transfer of relevant transitory persons. Twenty-two persons had been transferred since enactment of s198E without referral to IHAP being necessary.

Information was provided on regional processing arrangements as well as specialist, psychiatric and General Practitioner healthcare available on Nauru via International Health and Medical Services (IHMS), and specialist fly-in support where required. The meeting was also informed of the processes involved when working under different sovereign laws and the air-traffic permission required for every transfer.

Mr Nockels provided a comprehensive briefing on the statistics (staff and refugee) and services provided on Nauru.

Mr Timson provided an overview of the processes in place to transfer relevant transitory persons. This occurs mainly for emergency situations; however, permission from the Government of Nauru is still required for each case.

He also outlined the different processes under which medical transfers take place, noting transfer under s198B of the Act are considered and approved by departmental officials (himself and Mr Hayward) and those under s198E of the Act require ministerial approval and potentially the IHAP assessment.

Ms Sullivan described the process supporting the agreement with the United States to accept offshore refugees and that this process would conclude this year.

Mr Nockels stated that there is a regular flow of patients treated at PIH Port Moresby returning to Manus Island once treatment is complete.

[Item 12] Ms Sullivan stated that obtaining visas for the Panel members to travel to Nauru and PNG should be straight forward once the governments are informed of the terms of the visit.

Mr Hayward said that the Department would pave the way for the visits, providing briefing for the travelling members. He asked the Secretariat to work with the Panel and Ms Sullivan to arrange briefings that include personal security advice.

Action Item 5: Secretariat / RPC Taskforce

The Chair raised concerns that such a visit could cause an unpredictable reaction in the transitory person cohort and suggested scenario planning. Ms Sullivan noted that self-harm incidents increase when Australians visit Manus and the need to work with service providers in the lead up, during and after any visit. She noted that there have been 60 incidents since announcement of the election result, most of which were non-life threatening in nature.

Self-harm incidents were referred to a case manager or a psychologist and the Department was in discussions with PIH with regard to respite facilities that were geographically separated.

The Panel were informed by Ms Sullivan that permission may not be granted to visit sites due to issues following previous visits. Also, Manus may decline a visit at any point due to compliance activities scheduled for that time.

For Official Use Only

Following these discussions, the remainder of the meeting included Panel members and HSPCWD/Secretariat staff.

[Item 11] The Chair noted that most of the processes in place were running well. These included the various trackers, knowledge repositories for information requested and case information.

The Panel have requested a “watching brief” following a recommendation to ensure that a person’s transfer is tracked. The meeting discussed the best way to capture this information, including a separate tracker, use of a traffic-light system, and it was decided that the Secretariat would work with Offshore Health Operations (ABF) and provide the Panel with a process for their consideration. The Chair requested that the column on the current IHAP case tracker be changed from “transfer” to “outcome” to allow for the full range of final outcomes.

Action Item 6: Secretariat with ABF

Associate Professor Moloney suggested that when the Panel is fully constituted, it would be useful to assign a different Panel member to have oversight of each case to lead with the details.

The Chair requested that the Secretariat consider more internal clinical expertise to support the IHAP. Mr Hayward stated that the role of the Secretariat was to remain at a distance from the medical expertise provided by the Panel members, and that the Secretariat was looking at receiving training in medical terminology to increase their skills in this area.

Action Item 7: Secretariat

The IHAP agreed that governance around decisions made at assessments needed to be in place. The IHAP will review the clinician decision tracker at all meetings.

Action item 8: Panel and Secretariat

The Panel discussed the draft Operations of the IHAP (formerly the Terms of Reference) and agreed to formally approve the current draft today, noting that the document will be updated as required. The Chair requested a time-log be incorporated in the document: when first drafted, provided to IHAP members, when changed to Operations, etc.

Action Item 9: Secretariat

Secretariat to work with both A/Prof Moloney and Dr Di Dio to ensure they have full functioning access to GovTEAMS.

Action Item 10: Secretariat

[Item 12] The Chair gave his opinion that, due to time constraints for Panel reporting (First Report), he would prefer that one member visit PNG and another visit Nauru. After discussion, it was agreed that two members would visit PNG in early August 2019 and two would visit Nauru in September or October 2019, and that the Minister would be informed by the Chair that the report would be delayed due to the logistic issues with travelling. The Chair requested that the Secretariat assist Dr Di Dio with his passport application.

Action item 11: Secretariat

The Chair advised that the document circulated for comment “Regional Processing Country visits”, including suggested questions and likely areas of interest on visits, requires finalisation. Dr Gogna and A/Professor Moloney to finalise.

Action item 12: Panel

For Official Use Only

[Item 9] The Chair advised the Panel that some minor amendments had been made to the 31 March report, previously cleared by the Panel. The amendments were at the suggestion of Ms Moy. Members were happy with the amendments and the Chair requested that the Secretariat progress to the Minister as soon as possible. He also requested that the template for the 30 June quarterly report be updated to reflect the amendments made to the 31 March report.

Action Item 13: Secretariat

A draft of the 30 June 2019 report will be circulated for all members to provide input, with finalisation on return of the Chair's leave post 22 July 2019.

The chair advised that the First Report Addendum cannot be finalised until travel is undertaken to Nauru and PNG. The Panel (Chair and Professor Murphy) will draft a letter to the Minister outlining the reasons for the delay and the expected timeframe.

Action Item 14: Panel

The Chair requested a copy of the Department's Conflict of Interest Policy for members to review and provide feedback on how IHAP should develop its own policy.

Action Item 15: Secretariat

Members requested that the Secretariat develop a forward timeline (internal) to assist the Panel with key reporting milestones, and that face-to-face meetings be undertaken three weeks prior to the end of a designated quarter.

Action Item 16: Secretariat

[Item 10] The Chair requested that a one-page index referencing briefings and documents be provided to new Panel members.

Action Item 17: Secretariat

[Item 13] The Chair asked that Panel members' provide their leave dates to the Secretariat so that a leave plan can be documented. This information will be used for the Minister's consideration if acting arrangements need to be put in place and to ensure a majority of members are present to ratify decisions.

Action Item 18: Panel

It was unanimously agreed by all members that during Dr Gogna's absence (22 June to 22 July 2019) Dr Di Dio would Chair the Panel, including attending weekly Monday telephone meetings with the Secretariat.

Next meetings

The next face-to-face meetings will be held at 14:00 hrs on Monday 9 September and Monday 2 December 2019 in Canberra.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

Attachment A

Independent Health Advice Panel

First Face-to-Face Meeting Agenda

Date: Wednesday, 12 June 2019

Time: 8:45 am to 12:00 pm (AEDT)

Location: **Ground Floor, 5 Constitution Avenue Canberra ACT 2600**

Note that the room is available for the Panel's use all day.

Agenda Item	Time	Lead
1 Welcome to IHAP	08:45	Chair
<u>Departmental representations</u>		
2 Introductions	09:00	FAS Health Services Policy and Child Wellbeing Division
3 Opening remarks and effect of the Federal Election	09:10	Chief Operating Officer
4 Update on health services available in Nauru and PNG for transitory persons	09:30	FAS Property and Major Contracts Division
5 Update on the relationship with PNG	09:45	AS Regional Processing T/F
6 s42		Legal Counsel
7 s42		Legal Counsel
8 Cases referred to IHAP and cases outside the IHAP process Offshore	10:30	A/g AC Detention and Operations Command, ABF
<u>IHAP business</u>		
9 Reporting	10:45	Chair
10 IHAP Notices (under S199D of the Act) and Document Library	11:00	Chair
11 IHAP Actions Register	11:15	Chair
12 PNG and Nauru visit status	11:30	Chair
13 Closing remarks	11:45	Chair

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	12/06/2019	Name: s47F	
	Time: 14:55 hrs	Date of birth: s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	13/06/2019 17:00 hrs	Treating Doctor's referral received?	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Following IHAP document review s47F has been diagnosed with:

s47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

Sensitive

s47F

The Chair advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology and chest x-ray requests. The Chair also advised he was a Senior Medical Officer on Manus Island 2013/2014. IHAP noted the potential/perceived conflict of interest and advised they were happy for the Chair to continue in the discussion.

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Papua New Guinea (PNG) and the report by the Medical Officer of the Commonwealth. IHAP have also provide commentary on other areas of clinical significance found during this review.

The Panel noted that the treating doctors who recommended s47F transfer to Australia may not be aware of the scope of the facilities available at PIH POM, including the new s47F ward which opened in April 2019 and the incumbent specialist staff.

IHAP determined that it will not be necessary for them to speak directly with s47F for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that s47F has s47F identified by the treating medical professionals.

IHAP recommendations

All four IHAP members agreed that their recommendation is that s47F transfer to Australia for medical treatment should be **refused** initially. The recommendation was based on the following reason:

1. The health care s47F capacity at Pacific International Hospital in Port Moresby is appropriate to manage the initial clinical need. s47F requires s47F care at PIH POM to treat his clinical presentation of s47F
2. The s47F service in PIH POM is open and operating, with capacity for both voluntary and involuntary admissions. This information needs to be conveyed to s47F treating doctors.
3. The s47F facility is headed by a s47F with the experience and qualifications required to adequately ensure s47F health needs are initially assessed, stratified and treated accordingly.
4. PIH POM has the facilities to ensure s47F are adequately assessed and treated. These issues will need to be highlighted to PIH POM and the panel are happy for their clinical findings to be released to the treating team in PIH POM.
5. The CMO at PIH be informed of the concerns raised by the panel on :-
 - Progress notes with different patient names have been noted in the same record.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

Actions:

1. The IHAP will seek an updated clinical report from PIH POM **three weeks** from the 13th June 2019. IHAP will review the case at that time.
2. The CMO at PIH be informed of the concerns raised by the panel.
3. IHAP Assessment copy be provided to the treating team as suggestions for review.

Document library reviewed: ABF Client brief – 2 pages

1. Clinical Advisory Team (MOC) Opinion dated 07.06.2019 – 2 pages
2. Letter from s47F – 4 pages
3. Treating Drs referral – 13 pages
 - a. s47F – 5 pages
 - b. s47F – 3 pages
4. Clinical Records
 - a. s47F - Medical Records – 184 pages
 - b. s47F - Health Discharge Summary – 14 pages
 - c. Updated progress notes from PIH dated 13/06/2019

Panel members assessing:		Dr Parbodh Gogna (Chair) Professor Brendan Murphy Dr Antonio Di Dio Associate Professor Susan Moloney	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/4
		Transfer is recommended:	No
Date of IHAP recommendation:	14/06/2019	Time of IHAP recommendation:	12:47hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive**Independent Health Advice Panel****Clinical Assessment**

Meeting details		Biodata details	
IHAP referral date/time:	14/06/2019 Time: 1812 hrs	Name: s47F	
		Date of birth: s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	16/06/2019 1500 hrs	Treating Doctor's referral received?	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes
<u>Interview with Transitory Person</u> <input type="checkbox"/> The IHAP undertook an interview. <input type="checkbox"/> The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier. <input checked="" type="checkbox"/> The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.			

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

Sensitive

Sensitive

IHAP findings:

Following IHAP document review ^{s47F} [REDACTED] has been diagnosed with:

^{s47F} [REDACTED]

The Chair advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology and chest x-ray requests. The Chair also advised he was a Senior Medical Officer on Manus Island 2013/2014. IHAP noted the potential/perceived conflict of interest and advised they were happy for the Chair to continue in the discussion.

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Papua New Guinea (PNG) and the report by the Medical Officer of the Commonwealth. IHAP have also provided commentary on other areas of clinical significance found during this review.

The Panel noted that the treating doctors who recommended ^{s47F} [REDACTED] transfer to Australia may not be aware of the scope of the facilities available at PIH POM, including the new ^{s47F} [REDACTED] ward which opened in April 2019 and the incumbent specialist staff.

IHAP determined that it will not be necessary for them to speak directly with ^{s47F} [REDACTED] for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that ^{s47F} [REDACTED] has ^{s47F} [REDACTED] identified by the treating medical professionals.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

IHAP recommendations

All five IHAP members agreed that their recommendation is that ^{s47F} transfer to Australia for medical treatment should be **refused** initially. The recommendation was based on the following reason:

1. The health care ^{s47F} capacity at Pacific International Hospital in Port Moresby is appropriate to manage the initial clinical need. ^{s47F} requires ^{s47F} care at PIH POM to treat ^{s47F}
2. The ^{s47F} service in PIH POM is open and operating, with capacity for both voluntary and involuntary admissions. This information needs to be conveyed to ^{s47F} treating doctors.
3. The ^{s47F} facility is headed by a ^{s47F} with the experience and qualifications required to adequately ensure ^{s47F} health needs are initially assessed, stratified and treated accordingly.
4. PIH POM has the facilities to ensure ^{s47F} are adequately assessed and treated. These issues will need to be highlighted to PIH POM and the panel are happy for their clinical findings to be released to the treating team in PIH POM.
5. The CMO at PIH be informed of the concerns raised by the panel on :-
 - Progress notes with different patient names have been noted in the clinical records.

Actions:

1. ^{s47F} be transferred to PIH POM for ^{s47F} care within 48 hours of the finalised Panel findings. If admission at PIH POM is unable to be facilitated ^{s47F} should be transferred to Australia for medical treatment.
2. The IHAP will seek an updated clinical report from PIH POM **three weeks** from the 17 June 2019. IHAP will review the case at that time.
3. The CMO at PIH be informed of the concerns raised by the panel.
4. IHAP Assessment copy be provided to the treating team as suggestions for review.

Document library reviewed: ABF Client brief – 2 pages

1. Clinical Advisory Team (MOC) Opinion dated 11.06.2019 – 2 pages
2. Letter from ^{s47F} – 5 pages
3. Treating Drs referral – 17 pages
 - a. ^{s47F} – 4 pages
 - b. ^{s47F} – 13 pages
4. Clinical Records
 - a. ^{s47F} - Medical Records – 111 pages
 - b. ^{s47F} - Health Discharge Summary – 7 pages

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Panel members assessing:		Dr Parbodh Gogna (Chair) Professor Brendan Murphy Dr Antonio Di Dio Associate Professor Susan Moloney Associate Professor Neeraj Gill	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	5/5
		Transfer is recommended:	No
Date of IHAP recommendation:	17/062019	Time of IHAP recommendation:	10:15
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	21/06/2019 Time: 16:02hrs	Name: s47F	
		Date of birth: s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	23/06/2019 17:00hrs	Treating Doctor's referral received?	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes
<u>Interview with Transitory Person</u> <input type="checkbox"/> The IHAP undertook an interview. <input type="checkbox"/> The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier. <input checked="" type="checkbox"/> The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.			

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

Sensitive

Sensitive

IHAP findings:

Following IHAP document review, §47F has been diagnosed with:

§47F

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Papua New Guinea (PNG) and the report by the Medical Officer of the Commonwealth. IHAP have also provided commentary on other areas of clinical significance found during this review.

IHAP determined that it will not be necessary for them to speak directly with §47F for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that §47F has §47F identified by the treating medical professionals.

The Secretariat advised the Panel that a fire on Friday 21 June at Hillside Haus resulting in many of the transferees becoming quite agitated. As a result any recommendations for urgent transfer to PIH may be delayed due to decision hand downs being postponed and limited service provider capacity to provide the care required.

The Panel noted that there was quite a delay from the treating doctors in preparing their reports (following their initial review) and submitting to the Minister review. The Panel considers this to be particularly concerning considering their reports stated a transfer to Australia was urgent. It was also noted by the Panel that during this delay §47F .

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

IHAP recommendations

All four available IHAP members agreed that their recommendation is that §47F transfer to Australia for medical treatment should be **refused** initially. The recommendation was based on the following reason:

1. The health care §47F capacity at Pacific International Hospital in Port Moresby is appropriate to manage the initial clinical need. §47F requires §47F care at PIH POM to treat §47F, including a wide range of investigations, such as §47F
2. The §47F facility is headed by a §47F with the experience and qualifications required to adequately ensure §47F health needs are initially assessed, stratified, treated and, if necessary, referred, accordingly.
3. PIH POM has the facilities to ensure §47F are adequately assessed and treated. These issues will need to be highlighted to PIH POM and the panel are happy for their clinical findings to be released to the treating team in PIH POM.
4. Noting the possible minor delay in transfer due to fire at Manus, the Panel made it clear that §47F will require care (including close supervision) while on Manus awaiting transfer.

Actions:

1. §47F be transferred to PIH POM for §47F care as soon as possible, noting the potential minor delays following the fire at Manus. If admission at PIH POM is unable to be facilitated he should be transferred to Australia for medical treatment. The Panel requests an update in 48 hours from the time of their recommendation regarding §47F transfer.
2. The CMO at PIH be informed of the concerns raised by the panel.
3. IHAP Assessment copy be provided to the treating team as suggestions for review.
4. Arrange a teleconference with the §47F on PIH to introduce Dr Gill and discuss issues including PIH capacity, patient load, average length of stay and post discharge care provision. IHAP members have supplied their urgent availability for the teleconference on both Monday 24 and Tuesday 25 June 2019.

Document library reviewed: ABF Client brief – 2 pages

1. Clinical Advisory Team (MOC) Opinion dated 18.06.2019 – 2 pages
2. Letter from §47F – 5 pages
3. Treating Drs referral – 16 pages
 - a. §47F – 8 pages
 - b. §47F – 8 pages
4. Clinical Records
 - a. §47F - Medical Files –112 pages
 - b. §47F - Medical Files – 69 pages
 - c. §47F - Health Discharge Summary – 9 pages

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Panel members assessing:		Dr Antonio Di Dio (Acting Chair) Professor Brendan Murphy Associate Professor Susan Moloney Associate Professor Neeraj Gill	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/5
		Transfer is recommended:	No
Date of IHAP recommendation:	24/06/2019	Time of IHAP recommendation:	13:40hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive**Independent Health Advice Panel****Clinical Assessment**

Meeting details		Biodata details	
IHAP referral date/time:	21/06/2019 Time: 16:02hrs	Name: s47F	
		Date of birth: s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	23/06/2019 17:00hrs	Treating Doctor's referral received?	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes
<u>Interview with Transitory Person</u> <input type="checkbox"/> The IHAP undertook an interview. <input type="checkbox"/> The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier. <input checked="" type="checkbox"/> The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.			

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

Sensitive

Sensitive

IHAP findings:

Following IHAP document review, §47F has been diagnosed with:

§47F

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Papua New Guinea (PNG) and the report by the Medical Officer of the Commonwealth. IHAP have also provided commentary on other areas of clinical significance found during this review.

IHAP determined that it will not be necessary for them to speak directly with §47F for clinical assessment at this time as sufficient clinical documentation has been provided. IHAP has accepted that §47F has §47F identified by the treating medical professionals.

The Secretariat advised the Panel that a fire on Friday 21 June at Hillside Haus resulting in many of the transferees becoming very agitated. As a result any recommendations for urgent transfer to PIH may be delayed due to delayed hand down of decision and limited service provider capacity to provide the care required.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

IHAP recommendations

All four available IHAP members agreed that their recommendation is that ^{s47F} transfer to Australia for medical treatment should be **refused** initially. The recommendation was based on the following reason:

1. The health care ^{s47F} capacity at Pacific International Hospital in Port Moresby is appropriate to manage the initial clinical need. ^{s47F} requires ^{s47F} care at PIH POM to treat ^{s47F}.
2. The ^{s47F} facility is headed by a ^{s47F} with the experience and qualifications required to adequately ensure ^{s47F} health needs are initially assessed, stratified and treated accordingly.
3. PIH POM has the facilities to ensure ^{s47F} are adequately assessed and treated. These issues will need to be highlighted to PIH POM and the panel are happy for their clinical findings to be released to the treating team in PIH POM.
4. Noting the possible minor delay in transfer due to fire at Manus, the Panel made it clear that ^{s47F} will require care (and supervision) while in Manus awaiting transfer.

Actions:

1. ^{s47F} be transferred to PIH POM for ^{s47F} care as soon as possible, noting the potential minor delays following the fire at Manus. If admission at PIH POM is unable to be facilitated he should be transferred to Australia for medical treatment. The Panel requests an update in 48 hours from the time of their recommendation regarding ^{s47F} transfer.
2. The CMO at PIH be informed of the concerns raised by the panel.
3. IHAP Assessment copy be provided to the treating team as suggestions for review.
4. Arrange a teleconference with the ^{s47F} on PIH to introduce Dr Gill and discuss issues including PIH capacity, patient load, average length of stay and post discharge care provision. IHAP members have supplied their urgent availability for the teleconference on both Monday 24 and Tuesday 25 June 2019.

Document library reviewed: ABF Client brief – 2 pages

1. Clinical Advisory Team (MOC) Opinion dated 17.06.2019 – 2 pages
2. Two letter from ^{s47F} – 6 pages
3. Letter from Overseas Services to Survivors of Torture and Trauma – 2 pages
4. Treating Drs referral – 10 pages
 - a. ^{s47F} – 5 pages
 - b. ^{s47F} – 5 pages
5. Clinical Records
 - a. ^{s47F} – Medical Records – 108 pages
 - b. ^{s47F} – Health Discharge Summary – 7 pages
 - c. ^{s47F} – Medical notes – 2 pages
 - b. ^{s47F} – PIH records 220419 – 33 pages

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Panel members assessing:		Dr Antonio Di Dio (Acting Chair) Professor Brendan Murphy Associate Professor Susan Moloney Associate Professor Neeraj Gill	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/5
		Transfer is recommended:	No
Date of IHAP recommendation:	24/06/2019	Time of IHAP recommendation:	13:40hr
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Independent Health Advice Panel

Meeting notes and outcomes

Teleconference with Pacific International Hospital

Date: 25 June 2019
Time: 17:00pm to 18:00 pm (AEST)
Location: Teleconference

Participants:

Organisation	Participants
Independent Health Advice Panel:	Dr Antonio Di Dio, Australian Medical Association, A/g IHAP Chair Professor Brendan Murphy, Australian Government Chief Medical Officer (Commonwealth Chief Medical Officer), Department of Health, IHAP member Associate Professor Susan Moloney, Royal Australasian College of Physicians and expert in paediatric health, IHAP member Associate Professor Neeraj Gill, Royal Australian and New Zealand College of Psychiatrists
Pacific International Hospital (PIH)	s47F (Hospital Director) s47F (Psychiatrist) s47F (Psychiatrist)
Department of Home Affairs:	Mr Stephen Hayward, First Assistant Secretary, Health Services Policy and Child Wellbeing Division s22(1)(a)(ii), Acting Director, IHAP Secretariat

Meeting open: 17:00

The IHAP requested the teleconference with the Pacific International Hospital (PIH) psychiatrists to discuss capacity of, and mental health treatment provided, at PIH.

Points of discussion included:

- PIH Capacity
 - there is flexibility in the capacity to admit new mental health patients with use of the movement of patients within the hospital
 - Additional beds are often available in other wards and patients can be moved around accordingly, if necessary.
- Post discharge care

For Official Use Only

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

- currently higher needs patients are accommodated at the Granville Motel as out-patients.
- Patients are generally quite happy to be accommodated in this environment
- PIH is currently working with the Department of Home Affairs to accommodate patients at a closer location. This is being progressed with the Department's Property and Major Contracts Division.
- The IHAP support this new accommodation as it will allow better access to the hospital.
- PIH also runs an out-patient clinic which patients can attend.
- Involuntary admissions
 - To date, there have not been any instances where a patient has wanted to leave but had to be held involuntarily.
 - There have been instances where patients have refused treatment.

Action arising from the meeting:

1. PIH (via the IHAP Secretariat) to provide the daily admissions sheet for information and to assist with IHAP recommendations.
 - a. Status: Complete – PIH provide daily admissions sheet and the Secretariat upload to GovTEAMS.
2. Dr Nanawar to provide the IHAP with a Curriculum Vitae (CV)
 - a. Status: Ongoing – Secretariat to follow up. (s22(1)(a)(ii) was it only the one CV you requested?)

Meeting close: 18:00

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

Sensitive

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	25/06/2019 Time: 1535 hrs	Name: s47F	
		Date of birth: s47F	Current location: Nauru
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	26/06/2019 18:00 hrs	Treating Doctor's referral received?	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes
<u>Interview with Transitory Person</u> <input type="checkbox"/> The IHAP undertook an interview. <input type="checkbox"/> The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier. <input checked="" type="checkbox"/> The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.			

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

Sensitive

Sensitive

IHAP findings:

Following IHAP document review, §47F has been diagnosed with:

§47F

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Nauru and the report by the Medical Officer of the Commonwealth. IHAP have also provided commentary on other areas of clinical significance found during this review.

IHAP determined that it will not be necessary for them to speak directly with §47F for clinical assessment and that Nauru has legislation preventing this. IHAP has accepted that §47F identified by the treating medical professionals.

IHAP noted that the assessment of the two treating doctors was based on a review of paper files and not on an interview with §47F, thus presenting some challenges in undertaking a further review. It was also noted that there was a six week delay from the treating doctors' review and the completion of the report, however, §47F. However, during this time, significant supports had been placed around §47F.

The members also noted that the Department of Home Affairs, Medical Officer of the Commonwealth (MOC) reviewed §47F case and recommended transfer to Australia for treatment. The IHAP agreed with the MOC opinion and noted that it would be to imprudent to disagree with the internal opinion.

§47F records refer to §47F relationship with §47F, also located on Nauru, and §47F not wanting to be separated from §47F. The Panel assessed that this information was not provided to the treating doctor by §47F verbally, and therefore they could not determine the significance of the relationship and the impact it has on §47F health. They also noted that it is not appropriate for the IHAP members, as medical practitioners, to make a judgement of the movements of the patient's §47F.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

IHAP recommendations

Three of the five IHAP members agreed that their recommendation is that §47F transfer to Australia for medical treatment be **approved**. This recommendation is based on the following reasons:

1. §47F requires §47F care and the Panel are not satisfied that the appropriate level of care can be provided in Nauru.
2. Urgent treatment is required as there is a history §47F.

The IHAP members agreed that their recommendation that §47F be transferred to Australia is based on the above factors.

Actions:

1. The IHAP be advised, via the IHAP outcomes tracker on GovTEAMS, when §47F is transferred to Australia.

Document library reviewed: ABF Client brief – 4 pages

1. Clinical Advisory Team (MOC) Opinion dated 19.06.2019 – 2 pages
2. Treating Drs referral – 26 pages
 - a. §47F – 17 pages
 - b. §47F – 9 pages
3. Clinical Records
 - a. §47F – Medical Records – 83 pages
4. Letter to the Secretary of the Department of Home Affairs – 9 pages
5. Letter from §47F (Legal Representative) 23 May 2019 – 4 pages

Panel members assessing:	Dr Antonio Di Dio (Acting Chair) Professor Brendan Murphy Associate Professor Susan Moloney	
	Is the Minister's refusal confirmed:	No
	IHAP Majority recommendation:	Majority (out of total members): 3/5
	Transfer is recommended:	Yes

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Date of IHAP recommendation:	27/06/2019	Time of IHAP recommendation:	15:00 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

Sensitive

Sensitive**Independent Health Advice Panel****Clinical Assessment**

Meeting details		Biodata details	
IHAP referral date/time:	25/06/2019 Time: 1535 hrs	Name: s47F	
		Date of birth: s47F	Current location: Nauru
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	26/06/2019 1800hrs	Treating Doctor's referral received?	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes
<u>Interview with Transitory Person</u> <input type="checkbox"/> The IHAP undertook an interview. <input type="checkbox"/> The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier. <input checked="" type="checkbox"/> The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.			

This document may contain 'personal identifiers' and 'personal information' as defined under the Migration Act 1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

Sensitive

Sensitive

IHAP findings:

The IHAP accepted the diagnoses provided in ^{s47F} medical records supplied by the health care providers in Nauru. The IHAP also accepted the two treating doctor referrals though it is noted these referrals are somewhat more emotive than the others we have received, and additionally they are undated. Though ^{s47F} medical notes, which are somewhat difficult to put in order, suggest this patient has ^{s47F}, the reason for the IHAP recommending transfer is to facilitate a ^{s47F} assessment. The IHAP noted the Department of Home Affairs Medical Officer of the Commonwealth (MOC) opinion recommended ^{s47F} be transferred to Australia and stated that it would be imprudent for the Panel to go against the MOC and treating doctors' opinions.

IHAP determined that it will not be necessary for them to speak directly with ^{s47F} for clinical assessment and that Nauru has legislation preventing this.

^{s47F}

The IHAP agrees that ^{s47F} should be transferred to Australia for ^{s47F} assessment and treatment.

IHAP recommendations

The three IHAP members present agreed that the request for ^{s47F} transfer to Australia for medical treatment be **approved**. This recommendation is based on the following reasons:

1. To allow ^{s47F} to undergo a thorough ^{s47F} assessment and to be treated for ^{s47F} health issues.

Actions:

1. IHAP Secretariat to inform the IHAP once ^{s47F} has been transferred to Australia via the Outcomes Tracker on GovTEAMS.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Sensitive

Sensitive

Document library reviewed: ABF Client brief – 2 pages

1. Clinical Advisory Team (MOC) Opinion dated 19.06.2019 – 2 pages
2. Letter from §47F – 6 pages
3. Treating Drs referral – 10 pages
 - a. §47F – 12 pages
 - b. §47F – 3 pages
4. Clinical Records
 - a. §47F - Medical Records – 420 pages
 - b. §47F - Health Discharge Summary – 7 pages
5. c. §47F – Health Summary - 1 page
6. Notice to the Secretary – §47F

Panel members assessing:		Dr Antonio Di Dio (Acting Chair) Professor Brendan Murphy Associate Professor Susan Moloney	
		Is the Minister's refusal confirmed:	No
		Majority (out of total members):	3/5
IHAP Majority recommendation:		Transfer is recommended:	Yes
		Date of IHAP recommendation:	26/06/2019
		Time of IHAP recommendation:	1500 hrs
Deemed approval (post 72 hours)?		Meeting audio recorded:	No

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	25/06/2019 Time: 15:35 hrs	Name: §47F	
		Date of birth: §47F	Current location: Nauru
		Country of birth: §47F	ID number: §47F
IHAP Meeting date:	26/06/2018 18:00 hrs	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

§47F

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in Nauru and the report by the Medical Officer of the Commonwealth. IHAP have also provided commentary on other areas of clinical significance found during this review.

IHAP determined that it will not be necessary for them to speak directly with §47F for clinical assessment and that Nauru has legislation preventing this. IHAP has accepted that §47F has §47F identified by the treating medical professionals.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

IHAP noted that the assessment of the two treating doctors was based on a review of paper files and not on an interview with ^{s47F}, thus presenting some challenges in undertaking a further review

The members also noted that the Department of Home Affairs, Medical Officer of the Commonwealth (MOC) reviewed the ^{s47F} case and recommended transfer to Australia for treatment. The IHAP was minded to agree with the MOC opinion and noted that it would be to imprudent to disagree with the internal opinion.

IHAP recommendations

Three of the five IHAP members agreed that their recommendation is that ^{s47F} transfer to Australia for medical treatment be **approved**. This recommendation is based on the following reasons:

1. ^{s47F} requires ^{s47F} care and the Panel are not satisfied that the appropriate level of care can be provided in Nauru.
2. Urgent treatment is required as there is a history of ^{s47F}
3. ^{s47F}
4. ^{s47F} has received fragmented medical care, having been seen by more than 70 different medical professionals since arriving on Nauru.
5. ^{s47F} may require treatment for ^{s47F}.

The IHAP members agreed that their recommendation that ^{s47F} be transferred to Australia is based on the above factors.

Actions:

1. The IHAP be advised, via the IHAP outcomes tracker on GovTEAMS, when ^{s47F} is transferred to Australia.

Document library reviewed: (list documents considered)

1. ABF Client brief – 2 pages
2. Departmental brief – Health Capability and Capacity, Nauru and PNG - x pages
3. MOC Opinion – 2 pages
4. Letter from advocate/lawyer – 4 pages
5. Treating Drs referral – 20 pages
 - a. ^{s47F} - 15 pages
 - b. ^{s47F} – 5 pages
6. IMHS – Medical Records – 75 pages

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Panel members assessing:		Professor Brendan Murphy Dr Di Dio Associate Professor Susan Moloney Associate Professor Neeraj Gill	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	No
		Majority (out of total members):	
		Transfer is recommended:	Yes
Date of IHAP recommendation:	27/06/2019	Time of IHAP recommendation:	15:00 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

Independent Health Advice Panel

Sensitive

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	01/07/2019	Name: s47F	
	Time: 1400 hrs	Date of birth: s47F	Current location: Nauru
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	03/07/2019	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Following IHAP document review, s47F has been diagnosed with:

s47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

s47F

The IHAP accepted the diagnoses provided in s47F medical records supplied by the health care providers in Nauru. The IHAP also accepted the diagnoses as assessed by the two treating doctor referrals noting these assessments were paper reviews.

Though s47F medical notes, which are somewhat difficult to put in order, suggest this patient has a s47F, the reason for the IHAP recommending transfer is to facilitate s47F assessment and s47F treatment and care.

The IHAP noted the Department of Home Affairs Medical Officer of the Commonwealth (MOC)'s opinion to refuse s47F transfer to Australia. It was also noted that s47F

The Panel stated that while s47F

The Panel stated that the maximum treatment possible has been provided in Nauru, and as s47F required more s47F care, a transfer to Australia would be more appropriate.

The Panel noted that there was quite a delay from the treating doctors in preparing their reports (following their initial review) and submitting to the Minister review. The Panel considers this to be particularly concerning considering their reports stated a transfer to Australia was urgent.

IHAP recommendations

The three IHAP members present agreed that he request for s47F transfer to Australia for medical treatment be **approved**. This recommendation is based on the following reasons:

1. To allow s47F to undergo a comprehensive s47F assessment and be treated for s47F.
2. The maximum available treatment has been provided in Nauru, s47F
3. s47F requires s47F health care and the Panel are not satisfied that the appropriate level of care can be provided in Nauru.

The IHAP members agreed that their recommendation that s47F be transferred to Australia is based on the above factors.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Actions:

1. The IHAP be advised, via the Outcomes tracker on GovTEAMS when §47F is transferred to Australia.

Document library reviewed: (list documents considered)

1. ABF Client brief – 2 pages
2. MOC Opinion – 2 pages
3. Letter from advocate/lawyer – 5 pages
4. Treating Drs referral – 19 pages
 - a. §47F - 9 pages
 - b. §47F – 10 pages
5. IMHS – Medical Records – 852 pages

Panel members assessing:

Professor Brendan Murphy
Dr Antonio Di Dio (Acting Chair)
Associate Professor Susan Moloney

IHAP Majority recommendation:

Is the Minister's refusal confirmed:

No

Majority (out of total members):

3/3

Transfer is recommended:

Yes

Date of IHAP recommendation:

04/07/2019

Time of IHAP recommendation:

21:38

Deemed approval (post 72 hours)?

No

Meeting audio recorded:

No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Sensitive

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	1/7/2019	Name: s47F	
	Time: 1400 hrs	Date of birth: s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	03/07/2019 0800 hrs	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	<u>Remotely</u>
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Following IHAP document review, s47F has been diagnosed with:

s47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers in PNG and the report by the Medical Officer of the Commonwealth (MOC).

IHAP determined that it will not be necessary for them to speak directly with ^{s47F} [REDACTED] for clinical assessment. IHAP has accepted that ^{s47F} [REDACTED] has ^{s47F} [REDACTED] identified by the treating medical professionals

IHAP noted that the assessment of the two treating doctors was based on a videoconference and a review of paper files. It was also noted that there was a six week delay from the treating doctors' review and the completion of the report, however, ^{s47F} [REDACTED].

The members also noted that the MOC reviewed ^{s47F} [REDACTED] case and did not recommend transfer to Australia for treatment. The IHAP agreed with the MOC opinion and noted that transfer to Australia is not necessary at this stage.

The Panel expressed concern about the delays between independent assessments of the patient and the reports being referred to the IHAP.

The IHAP noted the letter from the Minister provided to them on 2 July 2019. The Panel agreed that the Minister's input was not a factor in the Panel reaching their recommendation. The Panel noted that it was not appropriate for them to conduct a security review, and therefore had no bearing on their recommendation.

The Panel noted that there was quite a delay from the treating doctors in preparing their reports (following their initial review) and submitting for Minister review. The Panel considers this to be particularly concerning considering their reports stated a transfer to Australia was urgent.

IHAP recommendations

The three IHAP members present agreed that their recommendation is that ^{s47F} [REDACTED] transfer to Australia for medical treatment be **refused**. This recommendation is based on the following reason:

1. The ^{s47F} [REDACTED] facility at PIH is headed by a ^{s47F} [REDACTED] with the experience and qualifications required to adequately ensure ^{s47F} [REDACTED] health needs are initially assessed, stratified and treated accordingly.
2. ^{s47F} [REDACTED] health is improving due to engagement with doctors at PIH.
3. The Panel has confidence in the PIH health providers to manage ^{s47F} [REDACTED] patients.

The IHAP members agreed that their recommendation that ^{s47F} [REDACTED] no be transferred to Australia is based on the above factors.

Actions:

1. IHAP requested to be updated fortnightly on the ongoing progress of ^{s47F} [REDACTED].
2. Clarify and confirm that medical conditions listed in the treating doctors' assessment are being looked after and treatment is being provided appropriately.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Document library reviewed: (list documents considered)

1. ABF Client brief – 2 pages
2. MOC Opinion – 2 pages
3. Letter from advocate/lawyer – 2 pages
4. Treating Drs referral
 - a. §47F [REDACTED], GP – 4 pages
 - b. §47F [REDACTED], Anaesthetist – 19 pages
5. IHMS Clinical Records
 - a. Health Discharge Summary – 8 pages
 - b. Medical Records – 175 pages
6. Letter from the Minister for Home Affairs dated 2 July 2019 – 1 page

Panel members assessing:		<i>Professor Brendan Murphy</i> <i>Dr Antonio Di Dio (Acting Chair)</i> <i>Associate Professor Susan Moloney</i>	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	3/3
		Transfer is recommended:	No
Date of IHAP recommendation:	04/07/2019	Time of IHAP recommendation:	21:38
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	04/07/2019	Name: §47F	
	Time: 1040 hrs	Date of birth: §47F	Current location: PNG
		Country of birth: §47F	ID number: §47F
IHAP Meeting date:	05/07/2019	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	<u>Remotely</u>
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

Following IHAP document review, §47F has been diagnosed with:

§47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

s47F

The IHAP Panel accepted the diagnoses provided in s47F medical records supplied by the health care providers in PNG. The Panel also accepted the diagnoses as assessed by the two treating doctor referrals.

IHAP determined that it will not be necessary for them to speak directly with s47F for clinical assessment. IHAP has accepted that s47F has s47F identified by the treating medical professionals

IHAP noted that the assessment of the two treating doctors was based on a teleconference and a review of paper files. It was also noted that there was a four week delay from the treating doctors' review and the completion of the report, however, this may be due to a court case.

The members also noted that the MOC reviewed s47F case and did not recommend transfer to Australia for treatment. The IHAP agreed with the MOC opinion and noted that transfer to Australia is not necessary at this stage.

The Panel expressed concern about the delays between independent assessments of the patient and the reports being referred to the IHAP.

The Panel noted that there was quite a delay from the treating doctors in preparing their reports (following their initial review) and submitting for Minister review. The Panel considers this to be particularly concerning considering their reports stated a transfer to Australia was urgent.

IHAP recommendations

The three IHAP members present agreed that their recommendation is that s47F transfer to Australia for medical treatment be **refused**. This recommendation is based on the following reasons:

1. The s47F facility at PIH is headed by a s47F with the experience and qualifications required to adequately ensure s47F health needs are initially assessed, stratified and treated accordingly.
2. The health care s47F capacity at Pacific International Hospital in Port Moresby is appropriate to manage the initial clinical need.
3. PIH POM has the facilities to ensure s47F are adequately assessed and treated.
4. The Panel has confidence in the PIH health providers to manage s47F patients.

The Panel agreed that their recommendation that s47F not be transferred to Australia is based on the above factors.

Actions:

1. The IHAP be notified via the Outcomes Tracker in GovTEAMS when s47F is transferred to PIH POM.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Document library reviewed: (list documents considered)

1. ABF Client brief – 2 pages
2. MOC Opinion – 2 pages
3. Letter from §47F – 3 pages
4. Treating Drs referral – 9 pages
 - a. §47F – 4 pages
 - b. §47F – 5 pages
5. Medical Records – 159 pages
6. Health Discharge Summary – 6 pages

Panel members assessing:		Professor Brendan Murphy Dr Antonio Di Dio (Chair) Associate Professor Susan Moloney	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	3/3
		Transfer is recommended:	No
Date of IHAP recommendation:	05/07/2019	Time of IHAP recommendation:	18:36
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	05/07/2019	Name: §47F	
	Time: 18:39 hrs	Date of birth: §47F	Current location: PNG
		Country of birth: §47F	ID number: §47F
IHAP Meeting date:	06/07/2019	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	<u>Remotely</u>
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

§47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

The IHAP Panel accepted the diagnoses provided in [§47F] medical records supplied by the health care providers in PNG. The Panel noted the discrepancy between the clinical descriptions of the two treating doctor referrals.

IHAP determined that it will not be necessary for them to speak directly with [§47F] for clinical assessment. IHAP has accepted that [§47F] has [§47F] issues with associated [§47F] concerns.

The Panel recommended that [§47F] be transferred to PIH as an [§47F] within the week ending 13 July 2019 with medical admission, and additionally for [§47F] input. It is recommended that [§47F] receive [§47F] assessment and treatment while being treated for the above medical conditions. Further medical investigation is required, including [§47F] assessment in relation to the above symptoms, and the clarification of the [§47F], all of which could be undertaken at PIH.

IHAP recommendations

The six IHAP members present agreed that their recommendation is that [§47F] transfer to Australia for medical treatment be **refused**. This recommendation is based on the following reasons:

1. The [§47F] facility at PIH is well equipped to manage [§47F] medical conditions and carry out further medical investigation.
2. [§47F] secondary [§47F] concerns can be addressed while at PIH.

Actions:

1. [§47F] be admitted as an [§47F] for treatment, [§47F] tests and [§47F] assessment to PIH before 13 July 2019 and for the Panel to be informed when this has happened.
2. A follow up summary of clinical progress be provided to the Panel two weeks following the commencement of the hospital admission.
3. Prior to any transfer back to Manus, the Panel requested that a diagnosis be established and appropriate management strategies be in place to address the given problem.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Document library reviewed:

1. Client brief – 2 pages
2. MOC Opinion – 2 pages
3. Letter from §47F – 2 pages
4. Treating Drs referral – 15 pages
 - a. §47F – 10 pages
 - b. §47F – 5 pages
5. Medical Records – 71 pages, script 1 page, handwritten note 2 pages
6. Health Discharge Summary – 5 pages
7. Ministerial submission – 4 pages

Panel members assessing:

Dr Antonio Di Dio (Chair)
 Professor Brendan Murphy
 Associate Professor Susan Moloney
 Associate Professor Neeraj Gill
 Mr Guy Coffey
 Associate Professor Michael Douglas

IHAP Majority recommendation:

Is the Minister's refusal confirmed:

Yes

Majority (out of total members):

6/6

Transfer is recommended:

No

Date of IHAP recommendation:

07/072019

Time of IHAP recommendation:

09:40

Deemed approval (post 72 hours)?

No

Meeting audio recorded:

No

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

For Official Use Only

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	05/07/2019	Name: s47F	
	Time: 18:39 hrs	Date of birth: s47F	Current location: PNG
		Country of birth: s47F	ID number: s47F
IHAP Meeting date:	06/07/2019	Treating Doctor's referral attached:	Yes
Reconvened IHAP meeting (if required):	N/A	Was the Referring Doctor's clinical assessment performed remotely or in person?	<u>Remotely</u>
		Health Service Provider clinical summary received:	Yes

Interview with Transitory Person

- ☐ The IHAP undertook an interview.
- ☐ The IHAP attempted to conduct an interview but was unable to do this due to lack of capability/capacity/logistics/consent/other barrier.
- ☒ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.

IHAP findings:

s47F

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

The Panel shared concern regarding the nature and severity of the ^{s47F} issues of ^{s47F}, including ^{s47F}. The Panel noted ^{s47F} health and ^{s47F}.

The Panel also agreed that the ^{s47F} received by ^{s47F} was improper and inadequate for the nature and severity of ^{s47F}, and that ^{s47F} may require ^{s47F}.

All six Panel members present at the meeting agreed that should ^{s47F} be transferred to PIH, ^{s47F} would inevitably require treatment in Australia.

IHAP recommendations

All six Panel members present at the meeting agreed that the recommendation is to transfer ^{s47F} to Australia as soon as possible, and within 48 hours. Should this not be possible, they recommend that ^{s47F} be admitted as an urgent ^{s47F} to PIH for treatment while awaiting transfer/medevac to Australia.

Actions:

1. ^{s47F} be transferred to Australia on an URGENT basis, including by medevac if required, within 48 hours, recognizing that he may need to be admitted to PIH for urgent treatment if this is not possible.
2. The Panel be informed once transfer has occurred.
3. The Panel expressed concern regarding the time between the Department receiving notification of a request and the Panel receiving a request to review. This has been brought up over the past several cases, and the Panel has requested it be an action item for response. On this occasion the delay between the second independent report being received, and the referral to the panel, was fifteen days.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Independent Health Advice Panel

Document library reviewed:

1. Client brief – 2 pages
2. MOC Opinion – 2 pages
3. Letter from §47F – 2 pages
4. Treating Drs referral – 14 pages
 - a. §47F – 5 pages
 - b. §47F – 9 pages
5. Medical Records – 115 pages
6. Health Discharge Summary – 5 pages
7. Ministerial submission – 4 pages

Panel members assessing:

Dr Antonio Di Dio (Chair)
 Professor Brendan Murphy
 Associate Professor Susan Moloney
 Associate Professor Neeraj Gill
 Mr Guy Coffey
 Associate Professor Michael Douglas

IHAP Majority recommendation:

Is the Minister's refusal confirmed:	No
Majority (out of total members):	6/6
Transfer is recommended:	Yes

Date of IHAP recommendation:

07/07/2019

Time of IHAP recommendation:

09:40hrs

Deemed approval (post 72 hours)?

No

Meeting audio recorded:

No

Released by Department of Home Affairs
under the Freedom of Information Act 1982