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Independent Health Advice Panel Second Face-to-Face Meeting Minutes

Date: Monday 9 September 2019

Time: 13:00 to 16:15

Location: Ground Floor, 5 Constitution Avenue Canberra ACT 2600

Participants:

Independent Health Advice Panel: Dr Antonio Di Dio, Australian Medical Association, IHAP Chair

Professor Brendan Murphy, Australian Government Chief Medical Officer (Commonwealth Chief Medical Officer), Department of

Health

Dr Parbodh Gogna, Chief Medical Officer of the Department of Home Affairs and Surgeon-General of the Australian Border Force

Associate Professor Susan Moloney, Royal Australasian College

of Physicians

Associate Professor Neeraj Gill, Royal Australian and New

Zealand College of Psychiatrists

Mr Guy Coffey, Australian Psychological Society

Associate Professor Michael Douglas, Australian College of Rural

and Remote Medicine

Department of Home Affairs: S22(1)(a)(ii) Director, Regional Processing Taskforce (RPTF)

Acting Director, IHAP Secretariat

s22(1)(a)(ii) IHAP Secretariat

Acknowledgement of Country: Dr Di Dio, IHAP Chair

Apologies: Nil

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Independent Health Advice Panel Second Face-to-Face Meeting Agenda

Date: Monday 9 September 2019

Time: 13:00 to 16:15 (AEDT)

Location: Ground Floor, 5 Constitution Avenue Canberra ACT 2600

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

A	genda Item	Time	Lead	
1	Welcome to IHAP and Minutes of 6 June 2019 meeting	13:00	Chair	
De	partmental representations			
2	Update on health services available in Nauru and PNG and relationship with host countries	13:15	Regional Processing Taskforce	
<u>IH/</u>	AP business			
3	Reporting – 30 September 2019 Quarterly Report	14:00	Chair/Panel	
4	Other Business		Panel	
	a) Document Library			
	b) IHAP Outcomes Tracker			
	c) PNG and Nauru visit status			
5	Closing remarks	16:00	Chair	

Following the meeting, at 16:30, there will be a security briefing for Panel and Secretariat members travelling to PNG in October 2019.

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<u>Item 1</u>: The Chair opened the meeting and welcomed Independent Health Advice Panel (IHAP) members, noting the three new members, and departmental officers. The minutes of the previous IHAP meeting held 12 June 2019 were accepted as a true record.

The Panel made use of the meeting to request and exchange information with the Secretariat regarding:

- · the relevant legislation
- the outcomes of the Federal Court case regarding the term "remote treatment"
- the repeal process going through the parliamentary process.

<u>Item 2</u> : s22(1)(a)(ii)	Director, Regional Processing Taskforce, joined the meeting at 13:30 to	provide a
briefing on the current ar	nd future processes for transferees as well as details of relationships, faci	ilities and
services available in both	h PNG and Nauru. She gave a detailed overview for the benefit of the three	ee new
Panel members and an	update for all participants. s33(a)(iii)	

provided information regarding the changes that have occurred recently with the transfer of people from Manus Island to the Bomana Immigration Centre Port Moresby and an overview of the circumstances of the remaining eight. She said that there should be no one left on Manus Island by the time the Panel travelled to PNG in October 2019.

Following a very detailed description of the various facilities available in PNG, including the ongoing support provided to those in the community, she undertook to provide the Panel members with a full breakdown of numbers for the various cohorts, including location and pathways, as well as maps and descriptions of the types of accommodation. An update of the statistics would be provided again in early October, prior to the Panel's travel to PNG.

Action: RPTF and Secretariat

<u>Items 3 and 4a</u>: The participants were provided with a copy of the template for the 30 September 2019 report and the Secretariat explained how the Panel's requests for information will be routinely submitted as a formal Notice under s199D of the Act to be complied with ten days following the end of each reporting period.

The Panel requested that the current Notice be amended to include daily patient logs from IHMS and statistics for Nauru (as is provided for PIH).

Action: Secretariat

s47C

<u>Item 4b</u>: The Panel requested that the Outcomes Tracker be amended to reflect only current cases and agreed that a sub-committee be formed on rotation to review outcomes in more detail. Mr Coffey and A/Pout Moloney agreed to take this role for the first three months.

Action: Panel

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<u>Item 4c</u>: The Secretariat informed that PNG government approval was still pending, however all plans were confirmed. The Department's PNG Program Management Branch were liaising with PNG officials regarding the required permission. The Panel requested the following meetings, arrangements and information for their visit:

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- What access is available to follow-up facilities and what is the reach of PIH post discharge or whether it depends on the patient to seek this support;
- · Summary of mental health capacity at PIH;
- Meetings with services providers, including JDA, and PIH senior medical staff.

Panel discussed the need to travel to Nauru later in the year and agreed that A/P Gill or Mr Coffey should travel with A/P Douglas or Dr Di Dio.

Concerns raised by the Panel over the course of the meeting included:		
\$33(a)(iii), \$47C		
	Action: Panel memb	Iome Affairs
Panel members were asked to provide the IHAP Secretariat with any leave plans. Next meetings	Action: Panel memb	artmens of H
		(0)

The next face-to-face meeting will be held at 13:00 hrs on Monday 2 December 2019 in Canberra. The date for the next meeting to be held early February 2020 will need to be decided.

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Independent Health Advice Panel Third Face-to-Face Meeting Minutes

Date: Monday 2 December 2019

Time: 13:20 to 16:15

Location: History Room, Ground Floor, 5 Constitution Avenue Canberra ACT 2600

Participants:

Independent Health Advice Panel: Dr Antonio Di Dio, Australian Medical Association, IHAP Chair

Professor Brendan Murphy, Australian Government Chief Medical Officer (Commonwealth Chief Medical Officer), Department of

Health

Dr Parbodh Gogna, Chief Medical Officer of the Department of Home Affairs and Surgeon-General of the Australian Border Force

Associate Professor Susan Moloney, Royal Australasian College

of Physicians

Associate Professor Neeraj Gill, Royal Australian and New

Zealand College of Psychiatrists

Mr Guy Coffey, Australian Psychological Society

Associate Professor Michael Douglas, Australian College of Rural

and Remote Medicine

Department of Home Affairs: S22(1)(a)(ii) Director, PNG Program Management

Director, Nauru Program Management

S22(1)(a)(ii)

Acting Director, IHAP Secretariat (outgoing)

Director, IHAP Secretariat (incoming)

s22(1)(a)(ii) IHAP Secretariat

Acknowledgement of Country: Dr Di Dio, IHAP Chair

Apologies: Mr Stephen Hayward, First Assistant Secretary, Health Services

Division, Department of Home Affairs

Mr Anton Bockwinkel, Assistant Secretary, Migration and

Citizenship Law, Department of Home Affairs

birector, Regional Processing Taskforce,

Department of Home Affairs

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Independent Health Advice Panel Fourth Face-to-Face Meeting Agenda

Date: Monday 2 December 2019

Time: 13:20 to 16:15 (AEDT)

Location: History Room, Ground Floor, 5 Constitution Avenue Canberra ACT 2600

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

A	genda Item	Time	Lead
1	Welcome to IHAP and update on Medevac Bill	13:00	Chair and FAS CEG HS
De	partmental representations		
2	Update on health services available in Nauru and PNG and relationship with host countries	13:15	Regional Processing T/F
	Plus briefing by Legal Division		Legal Division
<u>IH/</u>	AP business		
3	Reporting – 31 December 2019 Quarterly Report	14:00	Chair/Panel
4	Other Business		Panel
	a) Document Library		_
	b) IHAP Outcomes Tracker		
	c) Nauru visit status		5
	 d) Dates for the next two meetings (first week of March and June 2020) 		# <
5	Closing remarks	16:00	Chair

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Item 1: The Chair opened the meeting and welcomed the Independent Health Advice Panel (IHAP)
members and departmental officers. He thanked all in advance for their time. The Minutes of the previous
IHAP meeting held Monday 9 September 2019 were accepted as a true and accurate record.

In lieu of FAS CEG providing an update on the Medevac Bill, ^{\$22(1)(a)(ii)} advised that the legislation would be debated in Parliament during this sitting period and a vote taken to determine the future of the IHAP legislation.

<u>Item 2:</u> S22(1)(a)(ii) (PNG Program Management) and Management) provided an update on the availability of health services in Nauru and Papua New Guinea (PNG).

s22(1)(a)(ii) noted:

- The biggest change in circumstance for transitory persons in Papua New Guinea (PNG) is the completion of the contract with Paladin. Paladin completed services on 30 November 2019. As such, the security and garrison type services which have typically been available to them have now ceased. S. 22(1)(a)(ii) noted that transitory persons had been made aware prior to the contract ceasing and provided with alternatives for essential services such as transport (e.g. taxi vouchers for transport to medical services etc).
- The population of transitory persons on PNG continues to decrease as refugees find long term settlement arrangements such as resettlement in the United States or alternative third country options (for example UNHCR settlement). Of those transitory persons who have not been assessed as refugees, there are only a small number who are on the pathway to return to their country of origin.

s33(a)(iii)

s22(1)(a)(ii) noted:

s33(a)(iii)

• The Department's biggest service providers in Nauru, IHMS (medical services) and Canstruct (Garrison services), have extended their contracts to June 2020. sa3(a)(iii)

s33(a)(iii)

The Panel discussed a number of items related to health services in these processing countries:

- The panel requested an update regarding the progress of the mental health outreach programme in Port Moresby.
- The Panel asked whether interpreter availability at Pacific International Hospital (PIH). The
 Department advised that transitory persons had access to the Telephone Interpreter Service (TIS)
- The Panel asked whether the PIH employed mental health nurses.
- The Panel requested that the Department ensure that treating doctor reports are provided to psychiatrists or other doctors at PIH.

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The Panel discussed the benefit of having access to the welfare provider reports in Port Moresby
and requested access to similar services in Nauru. The Department noted that the welfare provider
in Nauru, Eigigu Solutions Corporation (ESC), is contracted directly by the Government of Nauru.
However, the Department is able to submit these types of requests on behalf of the Panel.

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The briefing by the Legal Division was postponed due to unavailability of key staff. It was agreed that the Panel would consolidate its questions and submit them to Legal Services in writing for their consideration.

The Panel requested a separate meeting (via teleconference) with Legal Services.



Item 4a: The Panel discussed the GovTEAMs Document Library.

<u>Item 4b:</u> The Panel discussed the Outcomes Tracker and agreed to review the cases that continue to be monitored by the Department.

<u>Item 4c:</u> The Panel noted the previous advice from the Department (\$\frac{c^{22(1)(a)(ii)}}{2}\$) who noted that the Panel and Department could recommence liaison with the Government of Nauru regarding an appropriate travel period in early 2020 for the Panel's site visit.

Item 4d: The Panel agreed that the next face to face meetings will be held:

- Tuesday 10 March 2020; and
- Monday 1 June 2020.

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Independent Health Advice Panel

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Clinical Assessment

Meeting	g details	Biod	data details	
IHAP referral date/time:	04/07/2019 Time: 1040 hrs	s47F		
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?	Remotely	
		Health Service Provider clinical summary received:	Yes	
Interview with Transito	ry Person			
□ The IHAP undertook	an interview.			
☐ The IHAP attempted capability/capacity/logisti		was unable to do this due to	lack of	
	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Following IHAP documers s47F	nt review, ^{s47F} ha	s been diagnosed with:		leased by Department of Home Affairs der the Freedom of Information Act 1982

Independent Health Advice Panel

[\$47F	
The IHAP Panel accepted s47F . The Panel also accepted s47F	
IHAP determined s47F	
IHAP has accepted that s47F	
IHAP noted that ts47F	
The members also noted that the MOC reviewed safe 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 being referred to the IHAP.	reports
The Panel noted that there was quite a delay from the treating doctors in preparing their repo	rts
(following their initial review) and submitting for Minister review. The Panel considers this to I	ре
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 start transfer to Aus	stralia for
medical treatment be <u>refused</u> . This recommendation is based on the following reasons:	
s47F	32
s47F	iirs 1982
s47F	of 1982
	Affairs
	ome Affairs tion Act 1982
The Panel agreed that their recommendation that s47F not be transferred to Australia is based or	Home Affairs
The Panel agreed that their recommendation that safety and safety	t of Home Affairs formation Act 1982
The Panel agreed that their recommendation that safe not be transferred to Australia is based or above factors. Actions:	nt of Horn
The Panel agreed that their recommendation that safe not be transferred to Australia is based or above factors. Actions:	nt of Horn
The Panel agreed that their recommendation that safe not be transferred to Australia is based or above factors. Actions: 1. The IHAP be notified via the Outcomes Tracker in GovTEAMS when safe is transferred to a safe to Australia is based or above factors.	ertm≩nt of Horr m of Informatio
The Panel agreed that their recommendation that safe not be transferred to Australia is based or above factors. Actions: 1. The IHAP be notified via the Outcomes Tracker in GovTEAMS when safe is transferred to a safe to Australia is based or above factors.	Oepartm≩nt of Homedom of Informatio
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The Panel agreed that their recommendation that safe not be transferred to Australia is based or above factors. Actions: 1. The IHAP be notified via the Outcomes Tracker in GovTEAMS when safe is transferred to a safe to Australia is based or above factors.	Oepartm≩nt of Homedom of Informatio

Independent Health Advice Panel

Document library reviewed: (list documents considered)	
1. ABF Client brief – 2 pages	
2. MOC Opinion – 2 pages	

- 4. Treating Drs referral 9 pagesa. safe
- 5. Medical Records 159 pages
- 6. Health Discharge Summary 6 pages

3. Letter from s47F

b.

Panel members assessing:		Professor Brendan Murphy Dr Antonio Di Dio (Chair) Associate Professor Susan Moloney	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		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

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Bio	data details	
IHAP referral date/time:	12/07/2019 Time: 16:43 hrs	s47F		
IHAP Meeting date:	13/17/2019 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	
Interview with Transito	ory Person			
□ The IHAP undertook	an interview.			
· ·	to conduct an interview but ics/consent/other barrier.	t was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				2
Initial meeting: Saturda	ay 13 July 2019 at 1500 hrs	attended by 6 IHAP Panel me	embers.	of 1982
Secretariat attending: s22	(1)(a)(ii) s22(1)(a)(ii)	and Stephen Hayward,	Dept. of Home Affairs	\ffa
		lealth Advice Panel by the Min wo physicians that he is a rele		0 0
Following IHAP docume	nt review s47F has b	een diagnosed with:		Hol
s47F				y Department of Hom- reedom of Information
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The Panel agreed with the diagnoses outlined by the treating supplied by the health care providers in PNG and the report	•
The Panel agreed that s47F	
The Panel agreed that s47F	The Panel agreed that s47F
The Panel noted that s47F	
The Panel agreed that	
The Panel agreed that s47F	
The Panel noted that there was a significant unexplored preparing their reports (following their initial review considers this to be particularly concerning considers was urgent. The panel makes no criticism of any persignificant logistical challenges involved in this are information about where and how the delays occur to all concerned.	and submitting for Minister review. The Panel ering their reports stated a transfer to Australia erson or agency, as there are no doubt ea, however, would appreciate further
IHAP recommendations	
IHAP recommendations All six IHAP members present agreed that their recommendation medical treatment be <u>refused</u> . This recommendation is base s47F	
All six IHAP members present agreed that their recommendation medical treatment be <u>refused</u> . This recommendation is base	
All six IHAP members present agreed that their recommendation medical treatment be <u>refused</u> . This recommendation is base	

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Actions:	<u> </u>				
1. s	.47F				
2.					
3.	3. The Panel be notified via the Outcomes Tracker in GovTEAMS when start is transferred to PI			IH POM.	
Docume	ent library reviewed: ABI	Client brief – 2	pages		
1	 Clinical Advisory Tean 	n (MOC) Opinion	dated 05/07/2019 - 2 pages		
2	2. Letter from s47F	, 2	pages		
3	3. Treating Drs referral –	10 pages			
	a. s47F				
	b.				
4	4. Clinical Records				
Panel m	embers assessing:		Dr Antonio Di Dio (Chair) Professor Brendan Murphy Associate Professor Susan Molone Associate Professor Neeraj Gill Mr Guy Coffey	⊋y	
			Associate Professor Michael Douglas		
					airs 19
			Is the Minister's refusal confirmed:	Yes	e Aff
IHAP Ma	ajority recommendation:		Majority (out of total members):	6/6	om tio
			Transfer is recommended:	No	of H
Date of I	IHAP endation:	14/07/2019	Time of IHAP recommendation:	07:51 hrs	tment of Info
Deemed hours)?	approval (post 72	No	Meeting audio recorded:	No	Depart edom
					by I Fre
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	lata details
IHAP referral date/time:	12/08/2019 Time: 1235 hrs	s47F	
IHAP Meeting date:	13/08/2019 1700hrs	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 Transi	itory Person		
☐ The IHAP undertoo	ok an interview.		
•	ed to conduct an interview istics/consent/other barric	v but was unable to do this er.	due to lack of
☑ The IHAP determine person.	ed that it was not approp	riate to conduct an interviev	w because of risk of harm to the
IHAP findings:			a Af
•		7:00 attended by 7 IHAP Pa	anel members.
Secretariat attending:	s22(1)(a)(ii)		if H
assessment following transitory person.	en referred to the Indeper a notification having beer	ndent Health Advice Panel n received from two physic	anel members. by the Minister for clinical that start is a relevant is
Following IHAP docun	nent review s47F	has been diagnosed with	eparti
s47F			by Dep Freedo

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The Panel agreed with the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers and the report by the Medical Officer of the Commonwealth (MOC).	I
The Panel noted the disparity between the medical records provided to the IHAP versus the medical records referenced in the treating doctors' referrals.	al
The Panel agreed that state of the Panel agreed the Panel agreed that state of the Panel agre	
The Panel s47F	ŀ
The Panel agreed that s47F The Panel noted that s47 The Panel noted that s47	
. The Panel agreed that s47F	
The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray blood screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had his na listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.	d that me
IHAP recommendations	airs 198
All seven IHAP members present agreed that their recommendation is that strain transfe Australia for medical treatment be refused . This recommendation is based on the following reason	
1. s47F	nt of Hom
2.	epartment dom of Inf
3.	Depar eedom
4.	DA
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Actions: 1. S47F 2. 3. Document library reviewed: ABF Client brief – 2 pages 1. Clinical Advisory Team (MOC) Opinion dated 07.08.2019 – 2 pages 2. Letter from S47F 2. 5 pages 3. Treating Drs referral – 13 pages a. S47F a. S47F					
 Clinical Advisory Team (MOC) Opinion dated 07.08.2019 – 2 pages Letter from s47F – 5 pages Treating Drs referral – 13 pages a. 					
 Clinical Advisory Team (MOC) Opinion dated 07.08.2019 – 2 pages Letter from ^{\$47F} – 5 pages Treating Drs referral – 13 pages 					
Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Brendan Murphy Associate Professor Susan Moloney Dr Neeraj Gill Dr Michael Douglas Mr Guy Coffey					
Is the Minister's refusal confirmed: Majority (out of total members): 7/7 Transfer is recommended: No					
Date of IHAP recommendation: 14/08/2019 Time of IHAP recommendation: 20:49 hrs Deemed approval (post 72 hours)? No Meeting audio recorded: No					

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Independent Health Advice Panel

Clinical Assessment

Meeting details			lata details		
IHAP referral date/time:	04/09/2019 16:26 hrs	s47F			
IHAP Meeting date:	06/09/2019 19:00 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 Transi	itory Person				
☐ The IHAP undertoo	ok an interview.				
	ed to conduct an interview istics/consent/other barrie	v but was unable to do this er.	due to lack of		
☑ The IHAP determine person.	ed that it was not appropi	riate to conduct an interviev	w because of risk of harm to the		
IHAP findings:			AC		
Initial meeting: Friday apologies.	·	·	AP Panel members with two		
	assessment following a notification having been received from two physicians that sar relevant transitory person.				
Following IHAP docun	nent review ^{s47F}	has been diagnosed wit	by Depa		

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The Panel agreed with the possible diagnoses	outlined by the treating doctors following review of the	he
	oviders in PNG and the report by the Medical Officer of	of the
Commonwealth (MOC).		
The Panel noted that s47F		
The Panel also noted that s47F		
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The members further noted that s47F		s 823
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The Pa	anel agree that s47F	
IHAP	recommendations	
	IHAP members agreed that their recommendation is that safety transfer to Austral al treatment be refused . This recommendation is based on the following reasons:	ia for
s47F	al treatment be relused. This recommendation is based on the following reasons.	
The Pa	anel agreed that their recommendation that safe not be transferred to Australia is be	ased
	above factors	
Action	<mark>NS:</mark> s47F	
1.		
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2.	The Panel be notified, via the Outcomes tracker, when safe has been transferred has been transferred	ormation
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Document library reviewed: ABF Client brief – 2 pages						
1. Clinical Advisory Te	1. Clinical Advisory Team (MOC) Opinion dated 27.08.2019 – 2 pages					
2. Letter from s47F	Letter from ^{s47F} – 2 pages					
3. Treating Drs referra	al – 20 pages					
a.						
b.						
4. Clinical Records			_			
s47F						
		Dr Antonio Di Dio (Chair)				
		Associate Professor Susan Moloney				
Panel members assessing:		Dr Michael Douglas				
		Mr Guy Coffey				
		Dr Neeraj Gill				
		Is the Minister's refusal	al Yes			
IHAP Majority recommendat	ion:	confirmed:				
majority recommendat	1011.	Majority (out of total members):	.5/5	82		
		Transfer is recommended:	No	fairs t 19		
Date of IHAP	07/09/2019	Time of IHAP recommendation:	15:45. hrs	Ac Ac		
recommendation:				ine		
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	of Ho ormat		
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Independent Health Advice Panel

Clinical Assessment

Meeting details Biodata details			lata details	
IHAP referral date/time:	05/09/2019 16:45 hrs	s47F		
IHAP Meeting date:	06/09/2019 19:00 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.				
	ed to conduct an interview istics/consent/other barrie	v but was unable to do this er.	due to lack of	
□ The IHAP determine person.	ed that it was not approp	riate to conduct an interviev	w because of risk of harm to the	
IHAP findings:			Act	
Initial meeting: Friday apologies.	y 6 September 2019 at 19	9:00 hrs attended by five IF	HAP Panel members with	
Secretariat attending: s22(1)(a)(ii) and s22(1)(a)(iii)				
		endent Health Advice Pand n received from two physici		
Following IHAP docun	nent review ^{s47F}	has been diagnosed wi	by Depar	

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The Panel agreed with the diagnost records supplied by the health care Commonwealth (MOC).		_		al
The Panel members noted that s47F				
	. It was also noted s47F			
The Panel noted that sarr				
All members agreed that s47F				
It was noted by the Panel that s47F				-
The Panel members agreed that safe				
s47F		Т	he Panel agrees th	offairs the ct 1982
				e A
IHAP recommendations				om tio/
All five IHAP members agreed that medical treatment be <u>refused</u> . How		7F	transfer to Aus	tralia for
s47F				partmen Iom of In
The Panel agreed that their recommon the above factors	nendation that ^{s47F}	not be trans	ferred to Australia i	s pased
				er the

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Actions:					
1.					
2.					
 The Panel be notified, v 	ia the Outcome	s tracker when ^{s47F} ha	s been transferr	ed to	
s47F	ia tric Outcome	3 tracker, when		cu to	
Document library reviewed:	ABF Client brief				
1. Clinical Advisory Team (MOC) Opinion dated 09/09/2019 – 3 pages					
2. Letter from s47F		dated 22/08/2019 – 2 pages			
Treating Drs referral					
a.					
b.					
4. Clinical Records					
3771					
		T			
		Dr Antonio Di Dio (Chair)			
		Associate Professor Susan Moloney			
Panel members assessing:		Dr Michael Douglas			
		Mr Guy Coffey		fair t 19	
		Dr Neeraj Gill		Affa Act	
		Is the Minister's refusal	Yes	Home	
		confirmed:	100	Hom	
IHAP Majority recommendation	on:	Majority (out of total members):	5/5	nt ol	
		Transfer is recommended:	No	of Ir	
Date of IHAP	7/09/2019	Time of IHAP recommendation:	15:35hrs	par	
recommendation:	110312018	Time of imar recommendation.	13.331118	/ Depar	
Deemed approval (post 72	No	Meeting audio recorded:	No	by Fre	
hours)?	110	mosting addicate order.	1,0	sed	
				eleas	
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FOI reference: FA 20/02/01088

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FOI Document #8

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	12/09/2019 11:00	s47F		
IHAP Meeting date:	13 September 2019 18:00	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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				0.1
		ofessor Paul Kelly, A/Prof Sue provided his input following th		airs 1982
Secretariat attending: s22	(1)(a)(ii) and s22(1)(a)(ii)		Aff Act
Following IHAP document review has been diagnosed with: s47F has been diagnosed with:			by Department of Home Freedom of Information	
				ed by D

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The Panel noted s47F		
\$47F		
The Panel shared concern that sa7F		
——————————————————————————————————————		
The Panel were concerned that s47F		
They were also concerned s47F		
The Panel found s47F		
The Panel noted that, s47F		
The Panel notes s47F		
The Panel notes \$47F Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue it discussion.	of	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in	of in the	2
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue it discussion. IHAP recommendations All six members present recommended that start that start is approved to Australia for	of in the	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. IHAP recommendations	of in the	2
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue it discussion. IHAP recommendations All six members present recommended that safe be approved transferred to Australia for treatment. The Panel agreed that safe	of in the	2
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. IHAP recommendations	of in the	2
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue it discussion. IHAP recommendations All six members present recommended that safe be approved transferred to Australia for treatment. The Panel agreed that safe	of in the	2
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivations his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue it discussion. IHAP recommendations	of Home Affairs and the	2
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue it discussion. IHAP recommendations All six members present recommended that safe be approved transferred to Australia for treatment. The Panel agreed that safe	ent of Home Affairs and the	Information Act 1982
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. HAP recommendations	ent of Home Affairs and the	Information Act 1982
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. HAP recommendations	ent of Home Affairs and the	Information Act 1982
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. HAP recommendations	Department of Home Affairs and up	2
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. HAP recommendations	d by Department of Home Affairs and by	Information Act 1982
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. HAP recommendations	d by Department of Home Affairs and by	the Freedom of Information Act 1982
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion. HAP recommendations	eased by Department of Home Affairs and by	Information Act 1982

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Document library reviewed: ABF Client brief – 3 pages				
 Clinical Advisory Tean 	1. Clinical Advisory Team (MOC) Opinion dated 30.08.2019 – 2 pages			
2. Letter from advocate se	2. Letter from advocate ^{847F} − 2 pages			
3. Treating Drs referral – 12 pages				
a. s47F	a. 			
b.				
4. Clinical Records s47F				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
		Professor Paul Kelly		
Panel members assessing:		Associate Professor Susan Moloney		
		Associate Professor Neeraj Gill		
		Dr Michael Douglas		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed: No		
IHAP Majority recommendation:		Majority (out of total members): 7/7		
	Transfer is recommended: Yes		Yes	
Date of IHAP recommendation:	13/09/2019	Time of IHAP recommendation:	1940hrs	airs 1982
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	ne Aff
				by Department of Home Freedom of Information
				Released k

FOI reference: FA 20/02/01088 Sensitive: Personal FOI Document #9

Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	14/09/2019 Time: 18:12 hrs	s47F		
IHAP Meeting date:	16/09/2019 0730hrs	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 Transito	ry Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the perso	n.
IHAP findings:				
Initial meeting: Attende	d by four panel members.		လ	98
Secretariat attending: s220	(1)(a)(ii)		faii	11
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 start is a relevant transitory point.				
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as Dr Gogna was not the treating doctor on Christmas Island, allowed Dr Gogna to continue in the discussion.				
Following IHAP docume	nt review ^{s47F}	has been diagnosed with:	ment	of Infor
s47F			by Depart	Freedom

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The Panel agreed with 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 (M	OC).
The members noted s47F	
The Panel agreed that safe	
The Panel notes that ^{\$47F} . It is noted \$47F	that
The Panel noted that safe	
The Panel note S47F The Panel expressed strong concerns with to particularly long delay in the treating doctors conducting their interviews and completing and submitting their	
IHAP recommendations All four IHAP members agreed that their recommendation is that safety transfer to Australia for medical treatment be refused. However, the Panel recommends: - safety	or
Actions:	
Nil	Q
	by Department of Home Affairs Freedom of Information Act 198
	Released by Department of Home Affunder the Freedom of Information Act

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Document library reviewed: ABF Client brief – 2 pages					
1. Clinical Advisory Tear	m (MOC) Opinion	dated 10.09.2019 -	1 page		
2. Letter from advocate	- 5 pages				
3. Treating Drs referral -	- 9 pages				
a. b.					
4. Clinical Records					
54/1					
5.					
		Dr Antonio Di Dio (•		
Panel members assessing:		Associate Professo			
		Dr Michael Douglas	•		
		Di Michael Douglas		1	
		Is the Minister's re	efusal confirmed:	Yes	
IHAP Majority recommendation:	:	Majority (out of tot	al members):	4/4	
		Transfer is recom	mended:	No	
Date of IHAP recommendation:	16/09/2019	Time of IHAP reco	ommendation:	16:30 hrs	
Deemed approval (post 72 hours)?	No	Meeting audio rec	corded:	No	rs 982

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FOI reference: FA 20/02/01088 Sensitive: Personal FOI Document #10

Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	13/09/2019 Time: 1029hrs	S47F		
IHAP Meeting date:	14/09/2019 0800hrs	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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
_	to conduct an interview but ics/consent/other barrier.	t was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Initial meeting: Attended by: Dr Antonio Di Dio, A/Prof Sue Moloney, A/Prof Neeraj Gill, A/Prof Michael Douglas, Dr Parbodh Gogna. Secretariat attending: and s22(1)(a)(ii) and and and and and and and and				ne Affairs on Act 1982
Following IHAP documes	nt review ^{s47F}	has been diagnose	ed with:	Hon atio
				ed by Department of Homent of Homente Freedom of Information

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S47F	
The Panel considered the two treating doctor reports s47F	
the Panel expressed concerns that s47F	
The Panel considered s47F The Panel recommended s47F	
The Panel recommended ^{847F}	
s47F	
The Panel requested confirmation that safe	
The Panel notes a large volume of cases being referred to the Minister and then to IHAP; this creates some getting the complete panel to review the case and may need to be addressed by the Secretariat to ensure compliance with the relevant legislation.	e difficulty
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrihis name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	t of
IHAP recommendations	
The Panel recommended that safe request to transfer to Australia for medical treatment be refuse	<u>d</u> .
The Panel recommended that s47F	
The Panel recommended that serif	
The Panel recommended that serif	
	rs 982
	ffairs
	Act 1982
	me Affairs ion Act 1982
	Home Affairs
	of Home Affairs
	ent of Home Affairs Information Act 1982
	tment of Home Affairs of Information Act 1982
	partment of Home Affairs om of Information Act 1982
	Department of Home Affairs adom of Information Act 1982
	by Department of Home Affairs -reedom of Information Act 1982
	d by Department of Home Affairs e Freedom of Information Act 1982
	used by Department of Home Affairs the Freedom of Information Act 1982
	-

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Actions:

- 1. The Panel request confirmation that \$47F
- The Panel expressed concern about the length of time taken for a case to be fully documented and referred to the IHAP. This case had extensive delays between the treating doctors initial interview and final report, as well as lengthy delay between the Department receiving notification and the Panel receiving a request to review. This has been raised repeatedly.

 The Chair will write to the start to discuss.

Document library reviewed: ABF Client brief – 2 pages

- 1. Clinical Advisory Team (MOC) Opinion dated 10.09.2019 1 page
- 2. Letter from advocate 2 pages
- 3. Treating Drs referral 22 pages
 - a. s47
 - b.
- 4. Clinical Records 220 pages

5.

Deemed approval (post 72 hours)?		Meeting audio recorded:	No	/ Depa
Date of IHAP recommendation: 14/09/2019		Time of IHAP recommendation:	0930hrs	artmer n of In
		Transfer is recommended:	No	nt of nforn
IHAP Majority recommendation:		Majority (out of total members):	5/7	Hon
		Is the Minister's refusal confirmed: Yes		ne A
		Dr Michael Douglas	of 1	
		Associate Professor Neeraj Gill		rs 982
Panel members assessing:		Associate Professor Susan Moloney	0.1	
		Dr Parbodh Gogna		
		Dr Antonio Di Dio (Chair)		

FOI reference: FA 20/02/01088 Sensitive: Personal FOI Document #11

Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details		data details	
IHAP referral date/time:	14/09/2019 Time: 18:12 hrs	s47F		
IHAP Meeting date:	16/09/2019 07:30hrs	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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview bu ics/consent/other barrier.	t was unable to do this due to	lack of	
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.	
Initial meeting: Attended by four panel members. Secretariat attending: Secr				
Following IHAP docume	nt review s47F has be	een diagnosed with:	tme	
s47F			by Depar	

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S4/F			
The Panel agreed with the diagnoses outlined by th supplied by the health care providers in PNG and the			OC).
The Panel notes §47F			
The Panel note s47F			
The Panel agreed that s47F			
IHAP recommendations All four IHAP members agreed that their recommen treatment be <u>refused</u> . The Panel notes that S47F Minister and IHAP receiving the referral. The Panel - S47F	concerns have been addressed s47F	ralia for medica	
Actions:			
Nil			
Document library reviewed: ABF Client brief – 2	pages		
Clinical Advisory Team (MOC) Opinion	dated 10.09.2019 – 1 page		
 Letter from advocate – 2 pages Treating Drs referral – 8 pages 			
 Treating Drs referral – 8 pages a. 			0
b.			irs 198
4. Clinical Records			Affa Ict
3 4 71			ne A
			of Home
5.			ment of Info
	Dr Antonio Di Dio (Chair)		artm n of
	Dr Parbodh Gogna		Departr
Panel members assessing:	Associate Professor Susan Moloney		by D Free
	Dr Michael Douglas		ed b
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	ease er th
	<u> </u>	<u> </u>	age age

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		Majority (out of total members):	4/4
		Transfer is recommended:	No
Date of IHAP recommendation:	16/09/2019	Time of IHAP recommendation:	1630 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	14/09/2019 Time: 1816 hrs	s47F		
IHAP Meeting date:	16/09/2019 1900hrs	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 Transito	ory Person			
□ The IHAP undertook	an interview.			
_	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				2
_	ed by: Dr Antonio Di Dio, Ass rofessor Paul Kelly, Dr Parb	sociate Professor Sue Molone odh Gogna	ey, Mr Guy Coffey, Associa	_ a
Secretariat attending: \$22	(1)(a)(ii)			Act
Following IHAP docume	nt review s47F	nas been diagnosed with:		tion
				by Department of Home Freedom of Information

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s47F	
The Panel reviewed the treating doctors' reports and noted that s47F	
The Panel note that the Minister's letter has been omitted from this paperwork and request that the Secretar confirm the Minister's refusal.	iat
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivents name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
IHAP recommendations	
All six members agreed that start request for transfer to Australia for medical treatment should be refu	<u>ısed</u> .
The Panel noted that safe , and agreed the requires:	ıat ^{s47}
• \$47F	
The Panel agreed that start and start agreed that	
Actions:	
Secretariat to provide Minister's letter.	
	epartment of Home Affairs Nom of Information Act 1982

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Document library reviewed: ABF Client brief – 2 pages

	1. Clinical Advisory Tear	m (MOC) Opinion	dated 10.09.2019 - 1 page		
	2. Letter from advocate -	- 2 pages			
	3. Treating Drs referral -	- 8 pages			
	a.				
	b.				
4.	Clinical Records				
	S47F				
	5. Offshore HSP respons	se to Section 198	E notification – 2 pages		
	<u>'</u>		, <u>, , , , , , , , , , , , , , , , , , </u>		
			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna		
Panel	members assessing:		Dr Paul Kelly		
			Associate Professor Susan Moloney		
			Associate Professor Neeraj Gill		
			Mr Guy Coffey		
			Is the Minister's refusal confirmed:	Yes	
IHAP N	Majority recommendation:	:	Majority (out of total members):	6/7	
			Transfer is recommended:	No	
Date o recom	f IHAP mendation:	16/09/2019	Time of IHAP recommendation:	2201hrs	
Deeme	ed approval (post 72 ?	No	Meeting audio recorded:	No	's 982

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Independent Health Advice Panel

Clinical Assessment

Meeting details Biodata details		data details		
IHAP referral date/time:	14/09/2019	\$47F		
date/time.	Time: 1816hrs			
IHAP Meeting date:	16/09/2019 1900hrs	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 Transito	ry Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the pe	erson.
IHAP findings:				32
	d by: Dr Antonio Di Dio, Ass ofessor Paul Kelly, Dr Parb	sociate Professor Sue Molone odh Gogna	ey, Mr Guy Coffey, Associat	7 3
Secretariat attending: s220				e Aff
Following IHAP documes s47F	nt review ^{s47F}	has been diagnosed	with:	om tior
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The Panel reviewed the treating doctors' reports and noted s47F . The Panel noted s47F	
The Panel noted that s47F that s47F	The Panel were concerned
The Panel discussed s47F	. The Panel expressed concern that
The Panel note that s47F	The Panel request:
Dr Gogna advised that he was the Area Medical Director on Christmas Isla his name listed on the pathology and chest x-ray requests. The Panel note interest and as the Dr Gogna was not the treating doctor on Christmas Isla discussion.	d the potential/perceived conflict of
The IHAP recommended that s47F request for transfer refused in the first instance. Noting this, the Panel request regular	by Department of Home Affairs (at least weekly) updates sales (at least weekly) updates and information for the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the fact of the Affairs (at least weekly) updates are the Affairs (at le
	d by l

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Actions:				
s47F				
Document library reviewed: ABI	F Client brief – 3	pages		
1. Clinical Advisory Team (N	MOC) Opinion dat	ted 09.09.2019 – 1 page		
2. Letter from advocate s47F		– 6 pages		
 Treating Drs referral – 30 	pages			
a.				
b.				
4. Clinical Records				
5. s47F Offshore HSP R	leenenee Onee	100		
5. Olishole hap k	Response – 2 pag	es		
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Professor Paul Kelly		
		Associate Professor Susan Moloney		
		Associate Professor Neeraj Gill Mr Guy Coffey		s 382
			Π	fair t 10
		Is the Minister's refusal confirmed:	Yes	Ac
IHAP Majority recommendation:		Majority (out of total members):	6/7	ome
		Transfer is recommended:	No	of Ho
Date of IHAP	16/09/2019	Time of IHAP recommendation:	2000hrs	ent o
recommendation:			-	tme of //
Deemed approval (post 72	No	Meeting audio recorded:	No	epart dom
hours)?) oel

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	14/09/2019 Time: 1816 hrs	s47F -		
IHAP Meeting date:	16/09/2019 1900hrs	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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings:				2
	d by: Dr Antonio Di Dio, Ass ofessor Paul Kelly, Dr Parb	sociate Professor Sue Molone odh Gogna	ey, Mr Guy Coffey, Associa	airs 1982
Secretariat attending: s22				Aci
Following IHAP docume	nt review s47F	has been diagnosed v	with:	me ion
				by Department of Ho

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s47F	
The Panel reviewed the treating doctors' reports and note that s47F	
s47F	
The Panel note s47F	
The Panel note that s47F	
The Panel noted that s47F	
The Panel note s47F	
s ^{47F} . The Pane Panel request review ^{s^{47F}} .	el recommend that . The
The Panel noted that s47F	Si Si
Dr Gogna advised that he was the Area Medical Director on Christmas Islar arrivals had his name listed on the pathology and chest x-ray requests. The potential/perceived conflict of interest and as the Dr Gogna was not the treat Island allowed Dr Gogna to continue in the discussion.	Panel noted the ating doctor on Christmas
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IHAP recommendations		
All six members of the IHAP Panel agreed to		tralia for medical
treatment should be <u>refused</u> in the first insta	ance.	
The Panel request an update s47F		
Actions:		
Request for update s47F		in two weeks.
Document library reviewed: ABF Client brief – 3 p	sanes	
Clinical Advisory Team (MOC) Opinion		
2. Letter from advocate – 2 pages		
Treating Drs referral – 14 pages		
a. s ^{47F}		
b.		
Clinical Records		
s47F		
		2
		irs 198
		ffa ct 7
		e A
F \$47F		mc tiot
5. SATE OFFSHOR	E HSP RESPONSE TO SECTION 198E NOTIFICAT	ION – 2 pages &
		it o
	Dr Antonio Di Dio (Chair)	Departmen
	Dr Parbodh Gogna	artn n o
Panel members assessing:	Dr Paul Kelly	ede
Tallet illetimers assessing.	Associate Professor Susan Moloney	L e
	Associate Professor Neeraj Gill	by
	Mr Guy Coffey	sed
		leas

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IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	6/7
		Transfer is recommended:	No
Date of IHAP recommendation:	16/09/2019	Time of IHAP recommendation:	1001hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	17/09/2019 Time: 15:00 hrs	\$47F		
IHAP Meeting date:	19/09/2019 Time: 19:00 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 Transito	ry Person			
□ The IHAP undertook	an interview.			
☐ The IHAP attempted capability/capacity/logist		was unable to do this due to	lack of	
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings: Following IHAP document	nt review ^{s47F}	has been diagnosed with:		rs 982
s47F				by Department of Home Affair Freedom of Information Act 1

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The Panel reviewe	d ^{s47F}	and noted t ^{s47F}	
The Panel noted s47	The Panel discussed ^{s47F}		
The Panel noted s41	7F		
The Panel agreed	that ^{s47F}		
With this in mind, the refused at this time		uest for transfer to Australia for medical t	reatment be
arrivals had his n potential/perceive	d that he was the Area Medical Direct ame listed on the pathology and ches ed conflict of interest and as the Dr Go r Gogna to continue in the discussion.	t x-ray requests. The Panel noted the ogna was not the treating doctor on C)
	ations AP members present recommended that set one refused at this time.	request for transfer to Australia for	or medical
			Affairs ct 1982
Actions:			ne A
regarding s residing in	discussed the level of services that were service delivery (noting the sudden increa Manus have been transferred to Port Morvices available for the increase numbers	se in resident numbers as transitory pers resby, and thus wishing to ensure that th	d by Department of such such the such that of the such th
			ease ler th

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Document	library reviewed: ABI	F Client brief – 2	pages			
1.	1. Clinical Advisory Team (MOC) Opinion dated 12.09.2019 – 1 page					
2.	Letter from advocate se	47F		- 2 pages		
3.	Treating Drs referral -	14 pages				
	s47F a.					
	b.					
4.	Clinical Records					
	s47F					
			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna			
			Professor Paul Kelly			
Panel mem	nbers assessing:		·			
			Associate Professor Susan Moloney			
			Associate Professor Neeraj Gill Mr Guy Coffey			
			Mr Guy Correy		T	
			Is the Minister's r	efusal confirmed:	Yes	
IHAP Majo	rity recommendation:		Majority (out of tot	al members):	6/7	
		Transfer is recom	mended:	No		
Date of IHA		20/09/2019	Time of IHAP reco	ommendation:	05:50	
Deemed ap	oproval (post 72	No	Meeting audio rec	corded:	No	rs 982

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	17/09/2019 Time: 1500 hrs	s47F		
IHAP Meeting date:	19/09/2019 1900hrs	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 Transito	ry Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings:				O.
Initial meeting: Attende	d by:			7S 98
Secretariat attending:				ffai 37.7
Following IHAP docume	nt review ^{s47F}	has been diagnosed with	:	e Affa
s47F				by Department of Home Freedom of Information

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s47F	
The Panel discussed the treating doctors' reports and noted the lengthy delay between the interview and the report (written five weeks after interview).	e initial
s47F	۳
S47F	k
the Panel agreed that safety	
. The Panel agreed that s47F	
The Panel agreed that s47F	
With this in mind, the Panel recommended that streatment be <u>approved</u> .	nedical
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrives his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
IHAP recommendations	
All six IHAP members present at this meeting agreed that Australia for medical treatment should be approved .	er to
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	Affairs Act 1982
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	rent f Infa

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Actions:				
The Panel requested they be information transfer to Australia.	rmed via the Secr	etariat as soon as plans have been confir	med for ^{s47F}	
Document library reviewed: AB	F Client brief – 3	pages		
	m (MOC) Opinion	dated 12.09.2019 – 1 pages		
2. Letter from s47F		– 2 page	es	
 Treating Drs referral - s47F 	- 13 pages			
a.				
b.				
4. Clinical Records				
		T		
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Professor Paul Kelly		22
		Associate Professor Susan Moloney		ffairs
		Associate Professor Neeraj Gill		\ffa
		Mr Guy Coffey		e A
		Is the Minister's refusal confirmed:	No	Homatio
IHAP Majority recommendation	:	Majority (out of total members):	6/7	t of I
		Transfer is recommended:	Yes	nent of Int
Date of IHAP recommendation:	20/09/2019	Time of IHAP recommendation:	05:50	partr
				0 0

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Meeting audio recorded:

Deemed approval (post 72

hours)?

No

No

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	17/09/2019 Time: 1500 hrs	\$47F		
IHAP Meeting date:	19/09/2019 1900hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	rson.
IHAP findings:				CI.
	ed by: Dr Antonio Di Dio, Pro fessor Neeraj Gill, Mr Guy C	ofessor Paul Kelly, Dr Parbod Coffey	h Gogna, Associate Profess	or Sue
Secretariat attending: s22	(1)(a)(ii)			Aff
Following IHAP docume	nt review ^{s47F} has b	peen diagnosed with:		by Department of Home Freedom of Information

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s47F	
The Panel considered the treating doctors' report noted that safe documentation from the Minister was not in the G the Secretariat. The panel also notes	s and the MOC opinion s47F . It was . The Panel noted that the refusal ovTeams folder of the documents provided and will be obtained by
The Panel discussed s47F •	and noted:
s47F	
the Panel noted that s47F	
	. The Panel noted that s47F
	82
	sferees from Manus Island to Port Moresby may require an Secretary clarifying the model of medical care being provided to
The Panel agreed that s47F	of Hom
\$47F	it o
transfer to Australia should be <u>refused</u> s47F	h this in mind, the Panel agreed that s47F request for 100 minds
his name listed on the pathology and chest x-ray	Director on Christmas Island during 2012/2013 and all arrivals had requests. The Panel noted the potential/perceived conflict of doctor on Christmas Island allowed Dr Gogna to continue in the

Sensitive: Personal

IHAP recommendations			
Four of the six members in attendance at the meeting agreed that several request for transfer to Austral			
should be <u>refused</u> .			
Actions:			
The IHAP request weekly updates s47F			
A letter be written to the Secretary:-			
1. Clarifying the model of medical care	e being provided to refugees and non-refugees in Port Mo	oresby.	
2. Noting that the Treating Doctors rep			
	alth Service Provider (HSP) in the GovTeams case folder overnance that the HSP attempts to engage with individua		
stratify/manage medical needs high	lighted by the treating doctors. s47F		
Document library reviewed: ABF Client brief – 3 p			
Clinical Advisory Team (MOC) Opinion Advisory Team (MOC) Opinion		82	
2. Letter from advocate -2 pages		airs 19	
5. – Olishore Har Kesponse – 2	pages	Affair Act 1	
 Treating Drs referral – 14 pages a. s47F 		me on,	
b.		Hor	
5. Clinical Records		epartment of Home	
s47F		ent Inf	
		th	
		Depar edom	
		De	
Panal mambara accessing:	Dr Antonio Di Dio (Chair)	by Fre	
Panel members assessing:	Dr Parbodh Gogna	sed	
		eri	

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Page 3 of 4

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		Professor Paul Kelly		
		Associate Professor Susan Moloney		
		Associate Professor Neeraj Gill		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	4/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	20/09/2019	Time of IHAP recommendation:	11:34	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	19/09/2019 Time: 1100 hrs	S47F		
IHAP Meeting date:	20/09/2019 1730 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
-	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
Initial meeting: Friday, 20 September 2019 at 1730 hrs Attended by: Dr Antonio Di Dio, Dr Susan Moloney, Dr Parbodh Gogna, A/Prof. Paul Kelly, A/Prof, Michael Douglas Mr Guy Coffey Secretariat attending: \$222(1)(a)(ii) \$222(1)(a)(iii)				
Following IHAP docume	nt review ^{s47F} has	been diagnosed with:		by Department of Home

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the Panel agreed that there ^{s47F} The Panel agreed that s ^{47F} . The Panel agreed that	
The Panel noted that s47F The Panel agreed that s47F	
The Panel noted that s47F The Panel noted that s47F	e Panel
noted that s47F	1
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 are arrivals had his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christm Island allowed Dr Gogna to continue in the discussion.	
IHAP recommendations	
All 6 members of the IHAP Panel agreed that their recommendation was that start be <u>refused</u> transfactors:	sfer to
s47F	
The Panel agreed that their recommendation to refuse safety transfer to Australia was based on the factors.	e above
	ffairs
Actions:	P A
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Document library reviewed: ABI	F Client brief – 2	pages				
1. Clinical Advisory Team (MOC) Opinion dated 16.09.2019 – 1 pages						
2. Letter from s47F – 2 pages						
3. s47F - Offshore HS	SP Response – 2	pages				
4. Treating Drs referral –	13 pages					
a. s47F						
b.						
5. Clinical Records						
5471						
		Dr Antonio Di Dio (Chair)				
		Dr Parbodh Gogna				
		Professor Brendan Murphy				
Panel members assessing:		Associate Professor Susan Moloney (Ca	ase Lead)			
		Dr Michael Douglas	acc =cac,			
		Mr Guy Coffey				
		Is the Minister's refusal confirmed:	s the Minister's refusal confirmed: Yes			
IHAP Majority recommendation:		Majority (out of total members):	6/6			
		Transfer is recommended:	No			
Date of IHAP	21/09/2019	Time of IHAP recommendation:	1138hrs			
recommendation:	21/03/2013	Time of that recommendation.	11001113	O.		
Deemed approval (post 72	No	Meeting audio recorded:	No	rs 98		
hours)?	110	mooning duals recorded.	110	ffai St 1		
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	19/09/2019 Time: 1100 hrs	s47F		
IHAP Meeting date:	20/09/2019 1730 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				22
Initial meeting: Friday,	20 September 2019 at 17:3	0 hrs		iirs 198
Attended by: Dr Antonio Mr Guy Coffey	Di Dio, Dr Parbodh Gogna,	Dr Susan Moloney, A/Prof. F	aul Kelly, A/Prof. Michael [AA
Secretariat attending: \$22	(1)(a)(ii)			Home nation
Following IHAP docume	nt review s47F has be	een diagnosed with:		H
\$47F				by Department of Freedom of Inform

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Sati		
The Panel considered the treating doctors' reports an notes \$\text{847F}\$	nd the MOC opinion s47F	. The panel
The Panel discusses s47F	and noted:	
•		
s47F		
The Panel noted that s47F	however the Panel agreed that s47F	. The
Panel agreed that s47F		
The Panel agreed that s47F		
Dr Gogna advised that he was the Area Medical arrivals had his name listed on the pathology and potential/perceived conflict of interest and as the Island allowed Dr Gogna to continue in the discussion.	d chest x-ray requests. The Panel noted the e Dr Gogna was not the treating doctor on Chri	
IHAP recommendations		s 88
All five of six Panel members present agreed that the	eir recommendation was to approve s47F	ansfer to
Australia. This recommendation is based on the below		AC
\$47F		artment of Home m of Information
Based on the above factors, the Panel agrees that s47	should be transferred to Australia s47F.	/ Depar
		d by
		elease
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Page 2 of 4

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Actions:				
		reatment. The Panel be notified through th australia for treatment.	ne Outcomes Tr	acker
2. s47F				
3.				
Document library reviewed: AB	F Client brief – 2	! pages		
-		n dated 16.09.2019 – 1 pages		
2. Letter from s47F		– 2 pages		
3. sarr - Offshore HS	SP Response – 2	2 pages		
4. Treating Drs referral –	13 pages			
a.				
b.				
5. Clinical Records				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna (Case Lead)		O.I
Panel members assessing:		Professor Brendan Murphy		
ranei members assessing.		Associate Professor Susan Moloney		
		Dr Michael Douglas		e Affair 7 Act 19
		Mr Guy Coffey		ome tion
		Is the Minister's refusal confirmed:	No	of H
IHAP Majority recommendation:		Majority (out of total members):	5/6	ent Info
		Transfer is recommended:	Yes	urtm n of
Date of IHAP	21/09/2019	Time of IHAP recommendation:	1138 hrs	Depa
recommendation:	-			y D
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	d b
Hours).				eased er the
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	21/09/2019 Time: 16:50 hrs	\$47F		
IHAP Meeting date:	23/09/2019 17:30hrs	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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				O.
Initial meeting: Monday	y, 23 September 2019 at 17	30 hrs		7S 98
Attended by: Dr Antonio Michael Douglas	Di Dio, Dr Parbodh Gogna,	Dr Susan Moloney, Dr Neera	aj Gill, A/Prof. Paul Kelly, A/	Affai Act 7
Secretariat attending: s22	(1)(a)(ii)			ne no
Following IHAP docume	nt review s47F has	s been diagnosed with:		Home ation
s47F				by Department of Home Freedom of Information

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s47F	
The Panel considered the treating doctors' reports and the MOC opinion s47F.	
The Panel noted s47F	
The Panel noted that s47F . The Panel agreed that s47F	
. The Faller agreed that	I
The Panel raised concern that s47F	
The panel raised concerns that s47F	
The Panel agreed that s47F	
. The Panel agrees	eed that
The Panel agre	ed that
s47F	
The Panel noted that \$47F	
The Panel noted that s47F	
. The Panel noted that ^{s47F}	
The Panel noted that s47F	
	The
Panel agreed that safe.	_
The Panel agreed that s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva	als had
his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of	of
interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	in the
	iirs 198
IHAP recommendations	ot ct
Four of the six IHAP Panel members agreed that their recommendation was to approve transport Australia for treatment. This recommendation was based on the following factors:	ofer to
s47F	om
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	nt o
	tment of Inf
	Depar edom
	_ e
	by Fr
The Panel agreed that their recommendation is based on the above reasons.	sed the
	ea
	Rel

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be transferred to Australia s47F

Actions:

1.

2.	s47F						
3.	s47F						
Docun	nent	library reviewed: AB	F Client brief – 2	2 pages			
	1.	Clinical Advisory Tear	n (MOC) Opinio	n dated 16.09.2019 – 2 pages			
	2.	Letter from s47F			- 2 pages		
	3.	- Offshore I	HSP Response	- 2 pages			
	4.	Treating Drs referral –	13 pages				
		a.					
		b.					
	5.	Clinical Records					
				Dr Antonio Di Dio (Chair)			
				Dr Parbodh Gogna (Case Le	ead)		
Panal	mar	nbers assessing:		Associate Professor Paul Ke	elly		
ranei	IIICI	ibers assessing.		Dr Susan Moloney			
				Dr Neeraj Gill			
				Associate Professor Michael	l Douglas		882
				Is the Minister's refusal co	nfirmed:	No	ffairs 11 19
IHAP I	Majo	rity recommendation:		Majority (out of total member	ers):	4/6	e A
				Transfer is recommended:		Yes	Hom
Date o		AP adation:	24/09/2019	Time of IHAP recommenda	ation:	0849 hrs	nt of I
Deeme hours)		pproval (post 72	No	Meeting audio recorded:		No	Departme edom of I
						-	Dep .
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	21/09/2019 Time: 16:50 hrs	s47F		
IHAP Meeting date:	23/09/2019 17:30hrs	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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				CI.
Initial meeting: Monday	y, 23 September 2019 at 17	30 hrs		rs 98
Attended by: Dr Antonio Michael Douglas	Di Dio, Dr Parbodh Gogna,	Dr Susan Moloney, Dr Neera	aj Gill, A/Prof. Paul Kelly, A/	Affal Act 1
Secretariat attending: s22	(1)(a)(ii)			ne no
Following IHAP docume	nt review s47F ha	s been diagnosed with:		Hor
s47F				Department of edom of Inform
The Panel considered th	ne treating doctors' reports a	and the MOC opinion s47F		by [

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The Pa	. The Panel noted that s47F		
The Pa	Panel noted that ^{s47F}		
The Pa	Panel noted that ^{s47F} Panel also noted that ^{s47F} raised concern ^{s47F}		. The
The Pa	anel raised concern s47F . The Panel	raised concern that s47F	
The Pa	Panel raised concern about ^{s47F} The Panel were concerned ^{s47F} The Panel agreed that ^{s47F} .		H
The Pa	Panel agreed that \$47F		
his nam	ogna advised that he was the Area Medical Director on Christmas Islan time listed on the pathology and chest x-ray requests. The Panel noted st and as the Dr Gogna was not the treating doctor on Christmas Islan assion.	the potential/perceived conflict of	of
Four of	recommendations of the six IHAP Panel members agreed that their recommendation was stralia for treatment. The Panel members agreed that they recommend		actors:
Tiving			ome Affairs Ition Act 1982
The Pa	anel agreed that their recommendation was based on the above reason	ons.	f H
Action	ns:		t o for
1.	be transferred to Australia s47F		ren F <i>In</i>
2.	s47F		rtmen 1 of In
			on On
3.	The Panel be notified through the Outcomes Tracker once s47F	has been transferred to Austr	alia. 0
4.	s47F		25 Fre
			e a
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Document library reviewed: ABI	F Client brief – 2 p	pages				
1. Clinical Advisory Team (MOC) Opinion dated 12.09.2019 – 1 page						
2. Letter from advocate ^{s47F} − 2 pages						
3. Treating Drs referral –	11 pages					
a. s47F						
b.						
Clinical Records – 335 pag	ges					
e. s47FOffshore HS	P Response to S ²	198E				
		Dr Antonio Di Dio (Chair)				
		Dr Parbodh Gogna				
		Associate Professor Paul Kelly (Case Le	ead)			
Panel members assessing:		Dr Susan Moloney				
		Dr Neeraj Gill				
		Associate Professor Michael Douglas				
		Is the Minister's refusal confirmed:	No			
IHAP Majority recommendation:		Majority (out of total members):	4/6			
		Transfer is recommended:	Yes			
Date of IHAP recommendation:	24/09/2019	Time of IHAP recommendation:	0849 hrs	s)82		
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	Act 19		
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				by Department of Home Freedom of Information		
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Independent Health Advice Panel

Clinical Assessment

Meeting details Biodata details				
IHAP referral date/time:	21/09/2019 Time: 16:50 hrs	s47F		
IHAP Meeting date:	23/09/2019 17:30hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
Initial meeting: Monday, 23 September 2019 at 1730 hrs Attended by: Dr Antonio Di Dio, Dr Parbodh Gogna, Dr Susan Moloney, Dr Neeraj Gill, A/Prof. Paul Kelly, A/Prof. Michael Douglas Secretariat attending: \$222(1)(a)(ii)				
Following IHAP docume	nt review s47F has	been diagnosed with:		Hom
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The Panel considered the treating doctors' reports and			
The Panel discussed s47F s47F	and noted:		
The Panel noted s47F			
The Panel agreed ^{s47F} The Panel agreed ^{s47F}			
Dr Gogna advised that he was the Area Medical Direct his name listed on the pathology and chest x-ray reque interest and as the Dr Gogna was not the treating doctor discussion.	ests. The Panel noted the potential/p	erceived conflict of	of
IHAP recommendations			
All six IHAP Panel members agreed that their recommendation sarre		transfer to Austra	alia for
The Panel agree that their recommendation is based o	n the above reasons.		82
			airs 19
Actions:			Aff
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Document library reviewed: AB	F Client brief – 2	pages		
 Clinical Advisory Tear 	n (MOC) Opinion	dated 13.09.2019 – 1 pages		
2. Letter from s47F	Letter from ^{s47F} – 2 pages			
3. Treating Drs referral -	13 pages			
a. saare				
b.				
4. Clinical Records				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
		Associate Professor Paul Kelly		
Panel members assessing:		Dr Susan Moloney		
		Dr Neeraj Gill		
		Associate Professor Michael Douglas (C	Case Lead)	
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	6/6	
		Transfer is recommended:	No	
Date of IHAP recommendation:	24/09/2019	Time of IHAP recommendation:	0849 hrs	airs 1982
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	ne Aff
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	21/09/2019 Time: 16:50 hrs	S47F		
IHAP Meeting date:	23/09/2019 17:30hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings: Initial meeting: Monday, 23 September 2019 at 1730 hrs Attended by: Dr Antonio Di Dio, Dr Parbodh Gogna, Dr Susan Moloney, Dr Neeraj Gill, A/Prof. Paul Kelly, A/Prof. Michael Douglas				A
Secretariat attending: s22				ome
Following IHAP docume	nt review s47F has bee	en diagnosed with:		H
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The Panel considered the treating doctors' reports and the MOC opinion in relation to safe.	
The Panel discussed safe Panel noted safe	The
The Panel noted s47F	
The Panel agreed s47F The Panel agreed s47F	
The Panel agreed s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivations have listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion.	f
IHAP recommendations	
All six IHAP Panel members agreed that their recommendation is to <u>refuse</u> stransfer to Australia f treatment. The Panel agreed that they based their recommendation on the following reasons:	or
s47F	
The Panel agreed that their recommendation is based on the above factors.	
Actions:	
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		F Client brief – 3				
1. Clinical	Advisory Tear	n (MOC) Opinion	dated 13.09.2019 - 1 pages			
2. Letter f	rom ^{s47F}		- 2 pages			
	g Drs referral –	· 13 pages				
a. Î	s47F					
b.						
	Records					
s47F						
			Dr Antonio Di Dio (Chair)			-
			Dr Parbodh Gogna			
			Associate Professor Paul Kelly			
Panel members as	ssessing:		Dr Susan Moloney			
			Dr Neeraj Gill			
			Associate Professor Michael Douglas			
				T		_
			Is the Minister's refusal confirmed:	Yes		
IHAP Majority reco	ommendation:		Majority (out of total members):	6/6		
			Transfer is recommended:	No		
Date of IHAP		24/09/2019	Time of IHAP recommendation:	0849 hrs		
Date of IHAP recommendation:		24/09/2019	Time of IHAP recommendation:	0849 hrs		
recommendation: Deemed approval	(post 72				irs 1982	
recommendation:	(post 72	24/09/2019 No	Time of IHAP recommendation: Meeting audio recorded:	0849 hrs No	fairs	
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recommendation: Deemed approval	(post 72				fairs	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	23/09/2019 Time: 1510 hrs	s47F		
IHAP Meeting date:	25/09/2019 0700 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.	
IHAP findings:				
Initial meeting: Wednes	sday, 25 September 2019 a	t 0700 hrs	S , 80	200
Attended by: Dr Antonio Douglas.	Di Dio, Dr Parbodh Gogna,	Dr Neeraj Gill, Dr Susan Mal	oney, Dr Paul Kelly, Dr Michael	1 106
Secretariat attending: s22	(1)(a)(ii)		me	1
Following IHAP docume	nt review ^{s47F} has	s been diagnosed with:	Home	all
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		and the MOC opinion in relation	on to ^{s47F} case.	eaon
The Panel discussed s47F			by [TE

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The Panel noted, s47F				
The Panel noted that s47F	The Panel agreed	that ^{s47F}		
The Panel noted that s47F agreed that s47F		and agreed that s47F	. The	e Panel
The Panel agreed than s47F				
Dr Gogna advised that he was the his name listed on the pathology a interest and as the Dr Gogna was discussion.	nd chest x-ray reques	sts. The Panel noted the potentia	l/perceived conflict of	of
IHAP recommendations				2
All six IHAP Panel members agree for treatment. The Panel members			transfer to Au below reasons:	stralia
s47F				nt of Home Affa Information Act
The Panel agreed that their recom-	mendation to refuse t	transfer was based on the above	factors.	rtme 7 of I
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Action							
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Docun	nent	library reviewed: ABI	F Client brief – 3	pages			
	1.	Clinical Advisory Tean	n (MOC) Opinion	dated 18.09.2019 - 1 page			
	2.	Letter from s47F		-2	pages		
	3.	Treating Drs referral –	13 pages				
		s47F a.					
		b.					
	4.	Clinical Records					
				Dr Antonio Di Dio (Chair)			
				Dr Parbodh Gogna			
Panel	men	nbers assessing:		Professor Brendan Murphy			
Tanci		ibers assessing.		Associate Professor Susan Mo	oloney		
				Associate Professor Neeraj Gil	I		
				Dr Michael Douglas			82
				Is the Minister's refusal conf	irmed:	Yes	ffairs t 19
IHAP I	Majo	rity recommendation:		Majority (out of total members):	6/6	e A n Ac
				Transfer is recommended:		No	Homatio
Date o		AP idation:	26/09/2019	Time of IHAP recommendation	on:	0925 hrs	nt of I
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hours) ?						Depar edom
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details
IHAP referral date/time:	23/09/2019 Time: 1510 hrs	s47F	
IHAP Meeting date:	25/09/2019 0700 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 Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings:			0.1
Initial meeting: Wednes	sday, 25 September 2019 a	t 0700 hrs	ν 00 00 00 00 00 00
Attended by: Dr Antonio Kelly	Di Dio, Dr Parbodh Gogna,	Dr Susan Maloney, Dr Neera	aj Gill, Dr Michael Douglas, Dr Paul
Secretariat attending: s22	(1)(a)(ii)		ne no
Following IHAP docume	nt review ^{s47F}	has been diagnosed with:	Hon
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The Danel considered the treating destars' reports and t	ha MOC aninian in relation to \$47F
The Panel considered the treating doctors' reports and t	
The Panel discussed s47F s47F	and noted:
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The Panel noted that s47F	ne Panel noted that ^{\$47F}
The Panel noted that s47F The Panel agreed that s47F	Z86
The Panel noted that s47F	ne Affair
The Panel raised concern that s47F	The Panel agreed that to the panel agreed that the panel agreed the panel agreed that the
The Panel agreed that ^{s47F}	ırtmen n-of In
his name listed on the pathology and chest x-ray reques	r on Christmas Island during 2012/2013 and all arrivals had ts. The Panel noted the potential/perceived conflict of on Christmas Island allowed Dr Gogna to continue in the
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IHAP recommendations				
5 of the 6 IHAP Panel members present agreed that				
transfer to Australia for treatment. The Panel agree	d that their recommendation was based or	n the below rea	sons:	
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2.				
3.				
The Development that their recommendation to not				
The Panel agreed that their recommendation to refu	use transfer was based on the above factor	ors.		
Actions:				
1.				
"				
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Document library reviewed: ABF Client brief – 2	pages			
Clinical Advisory Team (MOC) Opinion				
2. Letter from s47F	- 2 pages			
	2 pages			
s47F				
a.				
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4. Clinical Records s47F			22	
			Irs 198	
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	Dr. Antonio Di Dio (Cl. 11)		of Ho	
	Dr Antonio Di Dio (Chair)		0 0	
	Dr Parbodh Gogna		ent o Infor	
	Professor Brendan Murphy		Department edom of Info	
Panel members assessing:	Associate Professor Susan Moloney		art m (
	Associate Professor Neeraj Gill		Depar eedom	
	Dr Michael Douglas		(D)	
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		.,	he	
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	ass er t	

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		Majority (out of total members):	5/6
		Transfer is recommended:	No
Date of IHAP recommendation:	26/09/2019	Time of IHAP recommendation:	0925 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details		data details	
IHAP referral date/time:	27/09/2019 Time: 0941 hrs	S47F		
IHAP Meeting date:	28/09/2019 0800 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings:				N
Secretariat attending: s22	(1)(a)(ii)			rs 98
Following IHAP docume	nt review ^{s47F} has be	en diagnosed with:		Affai Ict 1
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The Panel noted and agreed with the diagnoses provided by the treating doctors based on the clinical reco provided. §47F	ords
s47F	
The Panel noted that s47F it was agreed that s47F	\$47 F
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrihis name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	t of
IHAP recommendations The Panel agreed that \$47F s47F The Panel agreed that their recommendation to refuse \$44F transfer was based on the above finding transfer was	ngs.
	Act 1982
Actions: 1. s47F 2. The Panel be provided with a status update s47F	ased by Department of Home er the <i>Freedom of Information</i>
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Document library reviewed: ABI	= Client brief – 2 p	pages		
 Clinical Advisory Tean 	n (MOC) Opinion	dated 18.09.2019 – 1 pages		
2. Letter from s47F		– 2 page	es	
3. Treating Drs referral –				
a. s ^{47F}				
b.				
4. Clinical Records				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Professor Paul Kelly		
		Associate Professor Neeraj Gill		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	5/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	28/09/2019	Time of IHAP recommendation:	17:00	Q.
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	fairs 1198
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	27/09/2019 Time: 0941 hrs	TS47F		
IHAP Meeting date:	28/09/2019 0800 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				0.1
Secretariat attending: s22	(1)(a)(ii)			S 88
Following IHAP docume	nt review s47F has b	een diagnosed with:		ffai st 1
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The Panel noted and agreed s47F	
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s47F	_
The Panel were concerned that, §47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrival his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict o	
interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue i	
discussion.	
<u>IHAP recommendations</u>	
The Panel considered that s47F	
s47F	
	0.1
The Panel would like to be informed of who review is available, and make a further recommendation after that has been received.	nen this
The Panel agreed that their <u>recommendation to refuse</u> <u>safe</u> <u>transfer</u> was based on the above finding	ffail st 1
	ne A
Actions:	
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3. A full update be made available to the Panel s47F	arti
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Document library r	eviewed: AB	F Client brief – 2 բ	pages		
1. Clinical	Advisory Tean	n (MOC) Opinion	dated 18.09.2019 – 1 pages		
2. Letter from	om ^{s47F}		– 2 pages		
_	Drs referral –				
a. s	47F				
b.					
C.					
4. Clinical	Records				
			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna		
Panel members ass	sessing:		Professor Paul Kelly		
			Associate Professor Neeraj Gill		
			Mr Guy Coffey		
			Is the Minister's refusal confirmed:	Yes	
IHAP Majority reco	mmendation:		Majority (out of total members):	5/7	
			Transfer is recommended:	No	
Date of IHAP recommendation:		28/09/2019	Time of IHAP recommendation:	17:00 hrs	rs 982
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	Biodata details		
IHAP referral date/time:	27/09/2019 Time: 0941 hrs	s47F			
IHAP Meeting date:	28/09/2019 0800 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 Transito	ory Person				
☐ The IHAP undertook	an interview.				
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of		
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.	
IHAP findings:				Q	
Secretariat attending: s22	(1)(a)(ii)			rs 98	
Following IHAP docume	nt review ^{s47F}	has been diagnosed with:		of 1	
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The Panel were concerned that s47F	
. They agreed that s47F	
It was noted that \$47F	
It was noted that s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Is his name listed on the pathology and chest x-ray requests. The Panel no interest and as the Dr Gogna was not the treating doctor on Christmas Is discussion.	ted the potential/perceived conflict of
IHAP recommendations	
The Panel recommends that s47F	
The Panel agreed that their <u>recommendation to refuse</u> s47F	transfer was based on the above findings.
Actions:	
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Document library reviewed: ABI	Client brief – 3 i	pages				
1. Clinical Advisory Team	n (MOC) Opinion	dated 20.09.2019 - 1 pages	•			
2. Letter from s47F			– 2 pages			
3. Treating Drs referral –						
s47F a.						
b.						
4. Clinical Records						
s47F						
						-
		Dr Antonio Di Dio (Chair)				
		Dr Parbodh Gogna				
Panel members assessing:		Professor Paul Kelly				
		Associate Professor Neera	j Gill			
		Mr Guy Coffey				
		Is the Minister's refusal c	onfirmed:	Yes		
IHAP Majority recommendation:		Majority (out of total memb	pers):	5/7		
		Transfer is recommended	d:	No		
Date of IHAP recommendation:	28/09/2019	Time of IHAP recommend	dation:	17:00		
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	27/09/2019 Time: 0941 hrs	\$47F		
IHAP Meeting date:	28/09/2019 0800 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F		een diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982

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The Panel noted and agreed s47F	
s47F	
The Panel noted that §47F	
The Panel was concerned that s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivations name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion.	f
IHAP recommendations	
The Panel considered that \$47F	
The Panel agreed that their <u>recommendation to refuse</u> safety was based on the above finding	S.
Actions:	
1. s ^{47F}	
2. A full update be provided to the Panel s47F	22
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Document library reviewed: ABI	= Client brief – 3 բ	pages				
Clinical Advisory Tean	n (MOC) Opinion	dated 23.09.2019 – 1 pages				
2. Letter from s47F	2. Letter from ^{s₄7F} − 2 pages					
3. Treating Drs referral – a. b.						
4. Clinical Records						
Panel members assessing:		Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Paul Kelly Associate Professor Neeraj Gill Mr Guy Coffey				
		Is the Minister's refusal confirmed:	Yes			
IHAP Majority recommendation:		Majority (out of total members):	5/7			
		Transfer is recommended:	No			
Date of IHAP recommendation:	28/09/2019	Time of IHAP recommendation:	17:00	CJ.		
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	ffairs xt 198		
				Released by Department of Home Affa under the Freedom of Information Act		

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	28/09/2019 Time: 13:45 hrs	s47F		
IHAP Meeting date:	29/09//2019 15:00 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
-	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings:				rs 982
Secretariat attending: s22	(1)(a)(ii)			_ a.
Following IHAP docume	nt review s47F	has been diagnosed with:		Act
				by Department of Home Freedom of Information

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The Panel noted s47F	
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IHAP recommendations	
s47F	
Actions:	rs 982
Panel to be informed via the IHAP Secretariat once these have been provided.	by Department of Home Affairs Freedom of Information Act 198
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Document library reviewed: ABI	F Client brief – 2 p	pages			
 Clinical Advisory Tean 	Clinical Advisory Team (MOC) Opinion dated 20.09.2019 – 1 pages				
2. Letter from s47F		– 2 page	es		
Treating Drs referral –					
a.					
b.					
4. Clinical Records					
s47F					
		Dr Antonio Di Dio (Chair)			
		Associate Professor Susan Moloney			
Panel members assessing:		Associate Professor Neeraj Gill			
		Dr Michael Douglas			
		Di Wichael Douglas			
		Is the Minister's refusal confirmed:	Yes		
IHAP Majority recommendation:		Majority (out of total members):	4/7		
		Transfer is recommended:	No		
Date of IHAP	29/09/2019	Time of IHAP recommendation:	20:27		
recommendation:					
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	82	
nours):				irs 198	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	28/09/2019 Time: 13:45 hrs	s47F		
IHAP Meeting date:	29/09//2019 15:00 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 Transito	ory Person			
☐ The IHAP undertook				
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$220				irs 1982
Following IHAP docume s47F	nt review ***	has been diagnosed with:		by Department of Home Affa Freedom of Information Act

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The Panel noted s47F	
The Panel was concerned that s47F	
The Panel noted the s47F	
IHAP recommendations	
S47F	
Actions:	
	irs 1982
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 Panel to be informed via the IHAP Secretariat once these have been provided. 	Home Home
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Document	library reviewed: ABF	F Client brief – 2 p	pages				
1.	Clinical Advisory Team	n (MOC) Opinion	dated 18.09.2019 - 1 page	S			
2.	Letter from s47F			- 2 pages			
3.	Treating Drs referral –						
	a. b.						
	Clinical Records						
Panel mem	bers assessing:		Dr Antonio Di Dio (Chair) Associate Professor Susa Associate Professor Neera Dr Michael Douglas	•			
			Is the Minister's refusal	confirmed:	Yes		
IHAP Major	ity recommendation:		Majority (out of total mem	bers):	4/7		
			Transfer is recommende	ed:	No		
Date of IHA recommend		29/09/2019	Time of IHAP recommen	dation:	20:27		
Deemed ap hours)?	proval (post 72	No	Meeting audio recorded:		No	rs 982	
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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details Biodata details		data details	
IHAP referral date/time:	28/09/2019 Time: 13:45 hrs	s47F		
IHAP Meeting date:	29/09//2019 15:00 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
-	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$22 Following IHAP documes \$47F		s been diagnosed with:		Home Affairs nation Act 1982
				epartment of Home
The Panel noted s47F				artm m of
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IHAP recommendations		
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Document	library reviewed: ABF	F Client brief – 3 p	pages				
1.	Clinical Advisory Team	n (MOC) Opinion	dated 25.09.2019 - 1 pages	S			
2.	Letter from s47F			- 2 pages			
3.	Treating Drs referral –	13 pages					
	a.						
	b.						
4.	Clinical Records						
	s47F						
			Dr Antonio Di Dio (Chair)				_
			Associate Professor Susar	n Moloney			
Panel mem	bers assessing:		Associate Professor Neera	•			
			Dr Michael Douglas	aj Om			
			Is the Minister's refusal (confirmed:	Yes		
IHAP Major	ity recommendation:		Majority (out of total mem	bers):	4/7		
			Transfer is recommende	d:	No		
Date of IHA recommend		29/09/2019	Time of IHAP recommen	dation:	20:37		
Deemed ap	proval (post 72	No	Meeting audio recorded:		No	s 982	
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Independent Health Advice Panel

Clinical Assessment

Meeting details Biodata details		data details		
IHAP referral date/time:	01/10//2019 Time: 1300 hrs	\$47F		
IHAP Meeting date:	02/10/2019 1900 hrs	Treating Doctor's referral received?	Yes	
Reconvened IHAP meeting (if required):		Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely	
		Health Service Provider clinical summary received:	Yes	
Interview with Transito	ry Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: Following IHAP docume		s been diagnosed with:		ffairs ct 1982
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The Panel noted that ""	
The Panel welcomed s47F	
It was noted s47F	
s47F the	Panel was of the opinion that s47F
IHAP recommendations	
The Panel agreed that Mr ^{s47F} They recommend that ^{s47F}	
Actions:	
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Document library reviewed: ABF	Client brief – 2 p	pages		
 Clinical Advisory Team 	n (MOC) Opinion	dated 18.05.2019 – 1 page		
2. Letter from s47F		- 2 pages		
3. Treating Drs referral –a. sateb.				
4. Clinical Records s47F				
Panel members assessing:		Dr Antonio Di Dio (Chair) Associate Professor Susan Moloney Associate Professor Neeraj Gill Dr Michael Douglas Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	5/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	3/10/2019	Time of IHAP recommendation:	1220 hrs	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	ffairs xt 198;
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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details		Biodata details		
IHAP referral date/time:	3/10/2019 Time: 08:49 hrs	S47F			
IHAP Meeting date:	4/10/2019 0700 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 Transito	ory Person				
☐ The IHAP undertook	an interview.				
·		was unable to do this due to	lack of		
	tics/consent/other barrier.				
M The IHAP determined	that it was not appropriate	to conduct an interview beca	use of risk of narm to the p	erson.	
IHAP findings:	(4)(a)(i)			22	
Secretariat attending: \$22				irs 198	
Following IHAP docume	ent review, and side	en diagnosed with:		Affa Act	
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The Panel agreed that s47F They noted that s47F		
IHAP recommendations		
The Panel recommend that s47F		
The Panel was concerned that s47F		
	The Panel noted that s47F	
Actions:		
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Document	: library reviewed: ABF	F Client brief – 3 p	pages			
1.	Clinical Advisory Team	n (MOC) Opinion	dated 25/09/2019 - 1 page			
2.	Letter from advocate s4	- 2 pages				
3.	s47F	-2	2 pages			
4.	Treating Drs referral –	23 pages				
	a. 5471					
	b.					
5.	Clinical Records					
			Dr Antonio Di Dio (Chair)			
Panel men	nbers assessing:		Associate Professor Susan Moloney			
			Associate Professor Neeraj Gill			
			Mr Guy Coffey			
			Is the Minister's refusal confirmed:	Yes		
IHAP Majo	ority recommendation:		Majority (out of total members):	4/7		
			Transfer is recommended:	No		
Date of IHA		4/10/2019	Time of IHAP recommendation:	13:55		
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	03/10/2019 Time: 0847 hrs	s47F		
IHAP Meeting date:	04/10/2019 0700hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				0.1
Secretariat attending: s22	(1)(a)(ii)			286
Following IHAP docume	nt review ^{s47F}	has been diagnosed with:		ffail St 1
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The Panel noted s47F		
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The panel expressed concern about s47F		
s47F	It was agreed that s47F	
	it was agreed that	
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	dations when the clinical documentation provided to the	
back to when the case was presented to the Depar	rtment, and therefore often one month or more out of dat	e.
IHAP recommendations		
The Panel recommend that s47F		
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Actions:		82
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Document library reviewed: AB	Document library reviewed: ABF Client brief – 3 pages					
1. Clinical Advisory Team (MOC) Opinion dated 27.09.2019 – 1 pages						
2. Letter from s47F		-	2 pages			
3. Treating Drs referral –	-					
a. s47F						
b.						
4. Clinical Records						
5471						
		Dr Antonio Di Dio (Chair)				
		Associate Professor Susan N	Molonev			
Panel members assessing:		Associate Professor Neeraj (•			
		Mr Guy Coffey	·			
				1		
		Is the Minister's refusal co	nfirmed:	Yes		
IHAP Majority recommendation:		Majority (out of total membe	ers):	4/7		
		Transfer is recommended:		No		
Date of IHAP	4/10/2019	Time of IHAP recommenda	ition:	13:55		
recommendation:						
Deemed approval (post 72 hours)?	No	Meeting audio recorded:		No	82	
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	03/10/2019 Time: 0849 hrs	s47F		
IHAP Meeting date:	04/10/2019 0700hrs	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 capability/capacity/logistics/consent/other barrier.		was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending:				82
Following IHAP docume	nt review ^{s47F} has	been diagnosed with:		by Department of Home Affair Freedom of Information Act 19

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The Panel noted that s47F	
S47F	_
It was also noted that s47F	
Panel agreed that s47F	The
IHAP recommendations The Panel recommended that s47F s47F s47F	
Actions: S47F Output Output	f Home Affairs mation Act 1982
A report back to IHAP via the Secretariat with outcomes of the above s47F	ment of of Infor
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Document library reviewed: ABF Client brief – 2 pages					
 Clinical Advisory Team (MOC) Opinion dated 25.09.2019 – 2 pages 					
2. Letter from s47F		-	- 2 pages	5	
3. Treating Drs referral –					
a. s47F b.					
4. Clinical Records					
54/F					
		Dr Antonio Di Dio (Chair)			
		Associate Professor Susan Moloney			
Panel members assessing:		Associate Professor Neeraj Gill			
		Mr Guy Coffey			
		Is the Minister's refusal confirm	med:	Yes	
IHAP Majority recommendation:		Majority (out of total members):		4/7	
		Transfer is recommended:		No	
Date of IHAP recommendation:	4/10/2019	Time of IHAP recommendation	n:	13:55	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:		No	rs 982

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	03/10/2019 Time: 0849 hrs	s47F		
IHAP Meeting date:	04/10/2019 0700hrs	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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	t was unable to do this due to	lack of	
□ The IHAP determined	that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$222(1)(a)(ii)		boon diagnosed with:		fairs f 1982
Following IHAP docume	III IEVIEW	been diagnosed with:		by Department of Home Aff Freedom of Information Act

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and the other was also tardy at nearly two months. This increased the difficultly in the Pa	
understanding of a patient's current medical situation. s47F	
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IHAP recommendations	
The Panel recommended that s47F	
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Document library reviewed: AB	Client brief – 3 p	pages				
 Clinical Advisory Tean 	n (MOC) Opinion	dated 25.09.2019 - 1 pages				
2. Letter from s47F			- 2 pages	S		
3. Treating Drs referral –						
a. s47F b.						
4. Clinical Records						
s47F						
						_
		Dr Antonio Di Dio (Chair)				
Panel members assessing:		Associate Professor Susan Mo	•			
		Associate Professor Neeraj Gil	I			
		Mr Guy Coffey				
		Is the Minister's refusal conf	irmed:	Yes		
IHAP Majority recommendation:		Majority (out of total members):	4/7		
		Transfer is recommended:		No		
Date of IHAP recommendation:	4/10/2019	Time of IHAP recommendation	on:	13:55		
Deemed approval (post 72 hours)?	No	Meeting audio recorded:		No	rs 982	_
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	03/10/2019 Time: 0850 hrs	s47F		
IHAP Meeting date:	05/10/2019 0700hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				QI.
Secretariat attending:				52
Following IHAP docume	nt review s47F	has been diagnosed with:		ffai St 1
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The Panel discussed s47F			
s47F			
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The Panel agreed that s47F			
The Panel noted that s47F			
	The Panel noted that s47F		
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	the Panel agreed that s		
The Panel noted that s47F			
	The Panel noted the s47F		
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The Panel agreed that s47F	The Panel raised concern s47F		
		greed that s47F	
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The Deviation of the 4 \$47F		ilrs 198	
The Panel agreed that s47F		The Panel agreed that s47F	
		e P	1
IHAP recommendations		mo m	;
	ers agreed that their recommendation was that s47F	transfer to Australia	3
	agreed that their recommendation was based on the		
s47F ●		nen	
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s47F				
The Panel agree that their recomm		rove s47F transfer to Aust	ralia for medica	ıl
treatment is based on the above re	easons.			
Actions:				
1. s47F be tran	sferred to Austra	alia, and the Panel be notified via the Outo	comes Tracker	when
2. s47F				
Document library reviewed: ABI	F Client brief – 2	pages		
Clinical Advisory Tean	n (MOC) Opinior	n dated 26.09.2019 – 2 pages		
2. Letter from s47F		- 6 pages		
3. Treating Drs referral –				
a.				
b. 4. Clinical Records				
s47F				
		Dr Antonio Di Dio (Chair)		
		Professor Paul Kelly		0.1
Panel members assessing:		Associate Professor Susan Moloney		98%
		Dr Michael Douglas		Affairs 4 <i>ct 1</i> 98
				e A
		Is the Minister's refusal confirmed:	No	lom atioi
IHAP Majority recommendation:		Majority (out of total members):	4/7	of H
		Transfer is recommended:	Yes	ent
Date of IHAP	05/10/2019	Time of IHAP recommendation:	1431 hrs	th o
recommendation:	00/10/2018	Time of that recommendation.	17311113	Depar edom
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	03/10/2019 Time: 0850 hrs	s47F		
IHAP Meeting date:	05/10/2019 0700hrs	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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				Q.
Secretariat attending:				50
Following IHAP docume	nt review ^{s47F}	has been diagnosed with:		ffail 37.7
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The Panel discussed ***		
S47F		
The Panel noted that s47F		agreed that ^{s47F} . The Panel agreed that ^{s47}
The Panel noted that ^{s47F} s47F		. The Panel agreed that
The Panel noted that s47F . The Panel noted that s47F . The Panel agreed that s47F	'F	
IHAP recommendations		
All four IHAP Panel members agreed	that their recommendation was that ^{s47} their recommendation was based on th	
•		
		.s.
Based on the above reasons and the	recommendation from PIH POM and tl	he Medical Officer of the
Commonwealth, the Panel agree that	their recommendation is to approve s47	
for medical treatment.		n ne
Actions:		lon
	erred to Australia and the Panel he noti	fied via the Outcomes Tracker when this
is done.	and the rancibe not	Integ via the odicomes tracker with this
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Document library reviewed: ABI	Client brief – 2	pages		
 Clinical Advisory Tean 	n (MOC) Opinion	dated 25.09.2019 – 2 pages		
2. Letter from s47F		– 2 pages		
3. Treating Drs referral –				
a.				
b.				
4. Clinical Records				
s47F				
		Dr Antonio Di Dio (Chair)		
		Professor Brendan Murphy		
Panel members assessing:		Associate Professor Susan Moloney		
T and monitore accessing.		Dr Michael Douglas		
		21 monuel Douglas		
			<u> </u>	
		Is the Minister's refusal confirmed:	No	
IHAP Majority recommendation:		Majority (out of total members):	4/7	
		Transfer is recommended:	Yes	
Date of IHAP	05/10/2019	Time of IHAP recommendation:	1431 hrs	
recommendation:	05/10/2019	Time of mar recommendation.	14311115	O.
Deemed approval (post 72	No	Meeting audio recorded:	No	rs 98
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	04/10/2019 Time: 1342 hrs	s47F		
IHAP Meeting date:	06/10/2019 0800 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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: S22 Following IHAP docume		en diagnosed with:		fairs t 1982
s47F				ed by Department of Home Af he <i>Freedom of Information Ac</i>

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The Panel discussed s47F		
s47F		
The Panel noted that ^{\$47F} noted that ^{\$47F}		. The Panel
The Panel noted that s47F	. The Panel noted that ^{s47F} . The Panel noted that ^{s47F}	
The Panel noted that §47F		
The Panel noted that s47F . The Panel agreed that s47F		
IHAP recommendations		
All five IHAP Panel members agreed that their recommendation was refused. The Panel agreed that their recommendation was		tralia be
•		
Based on the above reasons, the Panel agree that s47F	transfer to Australia for treatment sho	uld be refused.
Actions:		
1. s ^{47F}		
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Document library reviewed: ABI	Client brief – 3	pages		
 Clinical Advisory Team 	n (MOC) Opinion	dated 30.09.2019 – 2 pages		
2. Letter from advocate -	s47F		- 2 pages	
 3. Treating Drs referral – a. sate b. 4. Clinical Records 				
4. Clinical Records				
Panel members assessing:		Dr Antonio Di Dio (Chair) Professor Paul Kelly Associate Professor Susan Moloney Associate Professor Neeraj Gill Dr Michael Douglas		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	5/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	07/10/2019	Time of IHAP recommendation:	1246 hrs	2
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	ffairs xt 198;
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	04/10/2019 Time: 1342 hrs	s47F		
IHAP Meeting date:	06/10/2019 0800 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				Q
Secretariat attending: s22	(1)(a)(ii)			rs 98
Following IHAP docume	nt review ^{s47F} has bee	n diagnosed with:		d by Department of Home Affai e Freedom of Information Act 1

The Panel discussed ^{\$47F} \$47F	
The Panel noted that s47F	
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The Panel agreed the s47F . The Panel agreed that s47F	
The Panel noted that there start and start and start are start and start and start are	
The Panel agreed that symptoms.	treatment and the management of F treatment and the management of F
IHAP recommendations	41-4547F
All five IHAP Panel members agreed that their recommendation w approved . The Panel agreed that their recommendation was base	
• \$47F •	2
Based on the above reasons, the Panel agreed that their recomme Australia for treatment.	endation was to approve s47F transfer to
Actions:	AI
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this is done.	Panel be notified via the Outcomes Tracker once
this is done. 2. sate in the sate of the	0 1
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2. s47F	tment of Ho
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Document library reviewed: ABI	Client brief – 4	pages			
1. Clinical Advisory Team	n (MOC) Opinion	dated 25.09.2019 - 1 page	s		
2. Letter from s47F			- 2 pages		
3. Treating Drs referral –					
a. s47F b.					
4. Clinical Records					
5471					
		Dr Antonio Di Dio (Chair)			
		Professor Paul Kelly			
Danal mambana accessina		Associate Professor Susan Moloney			
Panel members assessing:		Associate Professor Neera	aj Gill		
		Dr Michael Douglas			
		Is the Minister's refusal	confirmed:	No	
IHAP Majority recommendation:		Majority (out of total mem	bers):	5/7	
		Transfer is recommende	d:	Yes	
Date of IHAP recommendation:	07/10/2019	Time of IHAP recommen	dation:	1246 hrs	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:		No	airs 1982

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	04/10/2019 Time: 1342 hrs	\$47F		
IHAP Meeting date:	06/10/2019 0800 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 Transito	ry Person			
☐ The IHAP undertook an interview.				
\Box 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:				
Secretariat attending: s220	(1)(a)(ii)		S S S S S S S S S S S S S S S S S S S	
Following IHAP document review s47F has been diagnosed with			ffai ct 1	
Home Af				
The Panel noted that s47F noted that s47F			The Parent of Information	
The Panel noted that S47F The Panel noted that S47F further noted that S47F	·		by Deart Free aom	

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The Panel agreed that s47F . The Panel agreed that s47F	ı.
IHAP recommendations	
All five IHAP Panel members agreed that their recommendation was that approved. The Panel agreed that their recommendation was based on the following factors:	ı be
Based on the above factors, the Panel agreed that their recommendation was to approve s47F transfer to Australia for treatment.	
1. Start be transferred to Australia for medical treatment, urgently, and the Panel be notified via Outcomes Tracker once this is done. 2. Start once this is done.	a the
Document library reviewed: ARE Client brief 2 pages	S 80
Document library reviewed: ABF Client brief – 2 pages	airs 19
 Clinical Advisory Team (MOC) Opinion dated 16.09.2019 – 1 pages 	Affa Act
2. Letter from ^{s47F} − 5 pages	
3. Treating Drs referral –	E .0
847F a.	Ho
b.	Department of Home
4. Clinical Records	f In
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Panel members assessing:		Dr Antonio Di Dio (Chair)		
		Professor Paul Kelly		
		Associate Professor Susan Moloney		
		Associate Professor Neeraj Gill		
		Dr Michael Douglas		
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	No	
		Majority (out of total members):	5/7	
		Transfer is recommended:	Yes	
Date of IHAP recommendation: 07/10/2019		Time of IHAP recommendation:	1246 hrs	
Deemed approval (post 72 hours)?		Meeting audio recorded:	No	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	04/10/2019 Time: 1944 hrs	s47F -		
IHAP Meeting date:	06/10/2019 0800 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
_	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				82
Secretariat attending:	. 6475			airs 198
Following IHAP documes s47F		has been diagnosed with:		by Department of Home Affi- Freedom of Information Act
The Panel discussed s47F		and noted that:		d b
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The Panel noted that safe agreed that . The Panel agreed that . The Panel noted . The Panel noted . The Panel agreed that . The Panel agreed that safe . The Panel agreed that .	that Panel
The Panel agreed that safe . The Panel agreed that .	s47F
All five IHAP Panel members agreed that their recommendation was that started. The Panel agreed that their recommendation was based on the following factors: • *** • * • * • *	ustralia 286
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transfer to Australia for treatment.	Home Affairs nation Act 19
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Actions:				
s47F 1.				
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Document library reviewed: AB	F Client brief – 2	pages		
_		dated 30/09/2019 – 1 page		
2. Letter from advocate ^s		· -		
3. Treating Drs referral –	, ,			
s47F a.				
b.				
4. Clinical Records				
s47F				
		Dr Antonio Di Dio (Chair)		
		Professor Paul Kelly		
		Associate Professor Susan Moloney		8
Panel members assessing:		Associate Professor Neeraj Gill		air 19
		Dr Michael Douglas		Aff
		Di Michael Beaglae		me on,
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		Is the Minister's refusal confirmed:	Yes	of l
IHAP Majority recommendation:		Majority (out of total members):	5/7	ent Info
		Transfer is recommended:	No	rtm , of
Date of IHAP				epar
recommendation:	07/10/2019	Time of IHAP recommendation:	1528 hrs	Depa
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hours)?	No	Meeting audio recorded:	No	sed
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Independent Health Advice Panel

Clinical Assessment

Meeting details			Biodata details		
IHAP referral date/time:	12/09/2019 Time: 1100 hrs	s47F			
IHAP Meeting date:	13/09/2019 1800hrs	Treating Doc referral rece		Yes	
Reconvened IHAP meeting (if required):	N/A	Was the Ref Doctor's clir assessment remotely or	nical performed	Remotely	
		Health Servi clinical sum received:		Yes	
Interview with Transito	ry Person				
☐ The IHAP undertook	an interview.				
☐ The IHAP attempted capability/capacity/logist			do this due to	lack of	
☐ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.				erson.	
IHAP findings:					
Initial meeting: Attended by: Dr Antonio Di Dio, Professor Paul Kelly, A/Prof Sue Moloney, A/Prof Neeraj Gill A/Prof Michael Douglas, Mr Guy Coffey, Dr Parbodh Gogna.				airs 1982	
Secretariat attending: s22	(1)(a)(ii) and s22((1)(a)(ii)			Aff Act
Following IHAP document review s47F has been diagnosed with:			me on,		
					ed by Department of Horned by Freedom of Information

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The Panel considered the reports of the treating doctors and the Medical Officer of the Commonwealth and a that safe	agreed
The Panel considered t s47F	ŀ
With this in mind, the Panel agreed that s47F	_
with this in mind, the Faher agreed that	
The Panel notes a large volume of cases being referred to the Minister and then to IHAP; this creates some of getting the complete panel to review the case and may need to be addressed by the Secretariat to ensure compliance with the relevant legislation.	difficulty
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrival his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion.	of
IHAP recommendations	
All seven Panel members recommended that safet transfer to Australia for medical treatment b	
approved as soon as possible in order to ensure F receives appropriate medical care.	e
	oe O
	airs 982
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approved as soon as possible in order to ensure s47 receives appropriate medical care. Actions:	ne Affairs on Act 1982
approved as soon as possible in order to ensure s47 receives appropriate medical care. Actions:	ne Affairs on Act 1982
approved as soon as possible in order to ensure s47 receives appropriate medical care. Actions:	irs 1982
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<u>Actions:</u> 1. s47F to be transferred to Australia s47F to be transferred to Australia s47F to be transferred to Australia s47F	of Home Affairs ormation Act 1982
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Document library reviewed: ABF Client brief – 2 pages				
1. Clinical Advisory Team (MOC) Opinion dated 29.08.2019 – 2 pages				
2. Letter from advocate s	Letter from advocate s47F – 2 pages			
3. Treating Drs referral –	12 pages			
a.				
b.				
4. Clinical Records – tota s47F	al pages 625 page	es	_	
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
		Professor Paul Kelly		
Panel members assessing:		Associate Professor Susan Moloney		
		Associate Professor Neeraj Gill		
		Dr Michael Douglas		
		Mr Guy Coffey	T	
		Is the Minister's refusal confirmed: No		
IHAP Majority recommendation:		Majority (out of total members):	7/7	
		Transfer is recommended:	Yes	rs 982
Date of IHAP	13/09/2019	Time of IHAP recommendation:	2000hrs	Affai Act 1
recommendation:				0 6
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	Home nation,
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	12/09/2019 Time: 10:51 hrs	s47F -		
IHAP Meeting date:	13/09/2019 07:00 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 Transito	ory 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: Monday 13 September 2019 at 07:00 hrs attended by three IHAP Panel members with one member providing an assessment outside of the meeting environment.				
Secretariat attending: s22	(1)(a)(ii)		Aff	
	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 start is a relevant transitory person			
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals have his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				
The Panel notes a large getting the complete Par		rred to the Minister and then t	to IHAP, this created some difficulty	
			0 0	

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Following IHAP document review sarr	has been diagnosed with:
S47F	
The Panel agreed with the diagnoses outlined by the treating supplied by the health care providers in PNG and the report	
The Panel agreed that s47F	
s47F the D	anel recommends that s47F
, tile r	aner recommends that
The Panel notes that s47F	
, the Par	nel agrees that ^{s47F}
The Panel also noted that The Panel rec	ommends that s47F
The Panel raised concerns s47F	4 4
	. The also noted that they ^{s47F}
The Panel also noted the significant delay from the completi submission/notification to the Department of Home Affairs.	
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IHAP recommendations				
All four IHAP members agreed that their recommendation is that medical treatment be <u>refused</u> . However, the Panel recommends:				
_ s47F				
The Panel agreed that their recommendation that s47	not be transferred to A	ustralia is base	d on the	
above factors.				
Actions:				
- s47F				
o ^{s47F}				
o The Panel to be notified s47F	via the IHAP Outcomes Tra	icker.		
_ s47F				
s47F				
Document library reviewed: ABF Client brief – 2 p	oogos			
Clinical Advisory Team (MOC) Opinion				
Letter from advocate s47F	– 2 pages			
3. Treating Drs referral – 13 pages				
s ^{47F} a.				
b.				
4. Clinical Records – 146 pages			8	
3771			air:	
			Aci	
			me	
	Dr Antonio Di Dio (Chair) - provided ass meeting environment.	sessment outsid	of loo	
Panel members assessing:	Dr Parbodh Gogna		nt c	
	Associate Professor Susan Moloney		mel of //	
	Mr Guy Coffey		oart om (
	Is the Minister's refusal confirmed:	Yes	Dep	
IHAP Majority recommendation:	Majority (out of total members):	4/4	d by e Fr	
	Transfer is recommended:	No	ase r th	
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Date of IHAP recommendation:	13/09/2019	Time of IHAP recommendation:	16:09 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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FOI reference: FA 20/02/01088 Sensitive: Personal FOI Document #46

Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details	
IHAP referral date/time:	12/09/2019 Time: 10:51 hrs	S47F	
IHAP Meeting date:	13/09/2019 07:00 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 Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings:			
	v 13 September 2019 at 07: sessment outside of the me		P Panel members with one Panel
Secretariat attending: s22	(1)(a)(ii)		Affa Act
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 sate is a relevant transitory person.			
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.			
The Panel notes a large volume of cases being referred to the Minister and then to IHAP, this created some getting the complete Panel to review the case.			

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Following IHAP document review s47F	has been diagnosed with:
s47F	
	the treating doctors following review of the clinical records
	I the report by the Medical Officer of the Commonwealth (MOC).
The Panel agreed that safe	
. It was noted that ^{s47F}	. They also suggest that ^{s47F}
. The Panel noted that ^{s47F}	
The Panel assessed that s47F	
s47F	the Panel agreed that s47F
The Panel notes, that s47F	
The Panel also noted the significant delay from the	ne completion of the treating doctor reviews and the
submission/notification to the Department of Hom	ne Affairs and one of the treating doctor's reports was undated.
IIIAD was a sum and ations	
IHAP recommendations	
All four IHAP members agreed that their recomm	
All four IHAP members agreed that their recomm	
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom	
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom	nmends:
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All four IHAP members agreed that their recomm treatment be refused . However, the Panel recom - SATF The Panel agreed that their recommendation that	nmends:
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All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors.	nmends:
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions:	nmends:
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors.	nmends:
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions:	not be transferred to Australia is based on the Home of Home Affairs of Information Act 1982
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions: - safe be transferred safe	not be transferred to Australia is based on the Home of Home Affairs of Information Act 1982
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions: - safe be transferred safe	not be transferred to Australia is based on the Home of Home Affairs of Information Act 1982
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions: - safe be transferred safe	artment of Home artment of Home artment of Montagins and Montagins and Montagins are also as a second and a second artment of Montagins and Montagins are also as a second art of Montagins and Montagins are also as a second art of Montagins and Montagins are also as a second art of Montagins and Montagins are also as a second art of Montagins are also as a second article and article and Montagins are also as a second article article and a second articl
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions: - safe be transferred safe	not be transferred to Australia is based on the Home transferred via the IHAP Outcomes Tracker.
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions: - safe be transferred safe	not be transferred to Australia is based on the Home transferred via the IHAP Outcomes Tracker.
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions: - safe be transferred safe	nmends: not be transferred to Australia is based on the Home transferred via the IHAP Outcomes Tracker. Transferred via the IHAP Outcomes Tracker.
All four IHAP members agreed that their recomm treatment be <u>refused</u> . However, the Panel recom - safe The Panel agreed that their recommendation that above factors. Actions: - safe be transferred safe	not be transferred to Australia is based on the Home transferred via the IHAP Outcomes Tracker.

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Document library reviewed: ABF Client brief – 2 pages				
1. Clinical Advisory Team (MOC) Opinion dated 3/09/2019 – 2 pages				
2. Letter from advocate ^s	– 2 page	s		
3. Treating Drs referral –	13 pages			
a.				
b.				
4. Clinical Records				
5 471				
		Dr Antonio Di Dio (Chair) – provided ass meeting environment.	sessment outside of	
Panel members assessing:		Dr Parbodh Gogna		
		Associate Professor Susan Moloney		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	4/4	
		Transfer is recommended:	No	
Date of IHAP recommendation:	13/09/2019	Time of IHAP recommendation:	16:09 hrs	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No 28	

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FOI reference: FA 20/02/01088 Sensitive: Personal FOI Document #47

Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	03/10/2019 Time: 0850 hrs	S47F		
IHAP Meeting date:	05/10/2019 0700hrs	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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				82
Secretariat attending: s22				airs 198
Following IHAP docume	nt review safe has bee	en diagnosed with:		Aff
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The Panel discussed s47F s47F	
The Panel noted that ^{s47F}	
The Panel noted that s47F	
The Panel noted that s47F The Panel noted that The	
The Panel noted that s47F	\$475
The .	Panel noted that s47F
IHAP recommendations All four IHAP Panel members agreed that their recommendation was based. The Panel agreed that their recommendation was based. *** *** *** *** *** *** ***	was that sate transfer to Australia be d on the following factors:
Based on the above reasons, the Panel agree that start tra	ansfer to Australia for medical treatment be refused.
Actions: 1. S47F	eleased by Department of Honder the Freedom of Information
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Document library reviewed: ABI	F Client brief – 3 _l	pages		
Clinical Advisory Tean	n (MOC) Opinion	dated 30.09.2019 – 2 pages		
2. Letter from s47F		– 2 pag	jes	
3. Treating Drs referral –				
a. s47F				
b.				
4. Clinical Records				
s47F				
		[
		Dr Antonio Di Dio (Chair)		
		Professor Brendan Murphy		
Panel members assessing:		Associate Professor Susan Moloney		
		Dr Michael Douglas		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	4/7	
		Transfer is recommended:	No	
Date of IHAP	05/06/2019	Time of IHAP recommendation:	1431 hrs	
recommendation:				2
Deemed approval (post 72	No	Meeting audio recorded:	No	irs 198
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	12/06/2019 Time: 14:55 hrs	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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	t was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Following IHAP docume s47F	nt review ^{s47F} has	s been diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982

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s47F	
The Chair advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Chair also advised he was a Senior Medical on Manus Island 2013/2014. IHAP noted the potential/perceived conflict of interest and advised they were he Chair to continue in the discussion.	Officer
The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supply the health care providers supply the health care providers 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 supply the Medical Officer of the Commonwealth areas of clinical significance found during this review.	
IHAP determined that it will not be necessary for them to safety like the same of the safety like the safety l	
IHAP recommendations All four IHAP members agreed that their recommendation is that safety transfer to Australia for medic treatment should be refused initially. The recommendation was based on the following reason:	cal
1. S47F	
2.3.	.s 982
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Actions:				
1. s47F				
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Document library reviewed: Al				
•	nm (MOC) Opinior	n dated 07.06.2019 – 2 pages		
2. Letter from s47F		– 4 pages		
3. Treating Drs referral	– 13 pages		_	
a.				
b.				
4. Clinical Records				
		Dr Parbodh Gogna (Chair)		
		Professor Brendan Murphy		82
Panel members assessing:		Dr Antonio Di Dio		airs 198
		Associate Professor Susan Moloney		Affa 1ct
			1) e
		Is the Minister's refusal confirmed:	Yes	Horr
IHAP Majority recommendation	n:	Majority (out of total members):	4/4	of h
		Transfer is recommended:	No	f Info
		Transier is recommended.	140	
Date of IHAP recommendation:	14/06/2019	Time of IHAP recommendation:	12:47hrs	epartr
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Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	by [Fre
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details	
IHAP referral date/time:	21/06/2019 Time: 16:02hrs	\$47F	
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
Interview with Transi	tory Person		

П	Tha	$IH\Delta D$	undertook	an	intarviaw

	The IHAP	attempted to	conduct ar	n interview	but was	s unable	to do	this	due	to la	ack	of
cap	oability/cap	acity/logistics	s/consent/o	ther barrie	r.							

☐ 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.

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The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers 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 \$47F	IHAP findings:		
The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers 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 47F IHAP has accepted that	Following IHAP document review,	s47F	has been diagnosed with:
supplied by the health care providers safe 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 safe. IHAP has accepted that	547F		
. IHAP has accepted that	supplied by the health care provide	ers ^{s47F}	and the report by the Medical Officer of
The Secretariat advised the Panel that s47F	IHAP determined that it will not be	necessary for them	. IHAP has accepted that
	The Secretariat advised the Panel	that s47F	

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All four Australi followin	ava a fo	mmendations ilable IHAP members agreed that their recommendation is that s47F transfer to transfer to the redical treatment should be refused initially. The recommendation was based on the ason:	:0	
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Actions	S: s47F			_
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4.				
Docum	ent	library reviewed: ABF Client brief – 2 pages		32
	1.	Clinical Advisory Team (MOC) Opinion dated 17.06.2019 – 2 pages	irs	198
	2.	Two letter from ^{547F} – 6 pages	Affair	Act
	3.	Letter from s47F – 2 pages		-
	4.	Treating Drs referral – 10 pages a. s47F b.	t of Home	Information
	5.	Clinical Records	ent	La
		s47F	by Departm	-reedom of
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Panel members assessing:		Dr Antonio Di Dio (Acting Chair) Professor Brendan Murphy Associate Professor Susan Moloney Associate Professor Neeraj Gill				
		Is the Minister's refusal confirmed:	Yes			
IHAP Majority recommendation	on:	Majority (out of total members):	4/5			
		Transfer is recommended:	No			
Date of IHAP recommendation:	24/06/2019		13:40hr			
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No			

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details					
IHAP referral date/time:	14/06/2019 Time: 1812 hrs	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				
Interview with Transitory Person ☐ The IHAP undertook an interview.							

	The IHAF	o atter	mpted t	o condu	ıct a	n in	nterview	but but	was	unable	to	do	this	due	to	lack	of
cap	oability/ca	pacity	/logisti	cs/cons	ent/c	the	er barrie	r.									

capability/capacity/logistics/consent/other barrier.	Sirs
□ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.	ie Affa
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IHAP findings: Following IHAP document review s47F	has been diagnosed with:
	nas been diagnosed with.
\$47F	
arrivals had his name listed on the pathology an	I Director on Christmas Island during 2012/2013 and all ad chest x-ray requests. The Chair also advised he was a 014. IHAP noted the potential/perceived conflict of interest ontinue in the discussion.
supplied by the health care providers s47F	the treating doctors following review of the clinical records and the report by the Medical Officer of ommentary on other areas of clinical significance found
The Panel noted s47F	
IHAP determined that it will not be necessary fo	. IHAP has accepted that say
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IHAP r	ecommendations	
	IHAP members agreed that their recommendation is that sate transfer to Australia for	
	al treatment should be <u>refused</u> initially. The recommendation was based on the following reason	ı
1.	s47F	
2.		
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Action	s:	
1.	s47F	
2.	The IHAP will seek an updated ^{s47F}	_
۷.	IHAP will review the case at that time.	-
3.	s47F	
4.	IHAP Assessment copy be provided to the treating team as suggestions for review.	
		2000
		airs
Docum	nent library reviewed: ABF Client brief – 2 pages	Affai
	1. Clinical Advisory Team (MOC) Opinion dated 11.06.2019 – 2 pages	me
	2. Letter from ^{s47F} – 5 pages	Home
	3. Treating Drs referral – 17 pages	to to
	a.	
	b.	ime
	4. Clinical Records s47F	Department
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Panel members assessing:		Dr Parbodh Gogna (Chair) Professor Brendan Murphy Dr Antonio Di Dio Associate Professor Susan Moloney Associate Professor Neeraj Gill			
		Is the Minister's refusal confirmed:	Yes		
IHAP Majority recommendation	on:	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		

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details					
IHAP referral date/time:	21/06/2019 Time: 16:02hrs	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				
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.

apability/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.

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

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IHAP findings:
Following IHAP document review, s47F has been diagnosed with:
S47F
The Panel accepted the diagnoses outlined by the treating doctors following review of the clinical records supplied by the health care providers supplied by the health care providers 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 s47F. IHAP has accepted that s47F. IHAP has accepted that s47F.
The Secretariat advised the Panel that ^{\$47F}
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 safety

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All four	ecommendations available IHAP members agreed that their recommendation is that 'start' 'transfer to Austra'.		
	dical treatment should be <u>refused</u> initially. The recommendation was based on the following rea	son:	
1.	54/1		
2.			
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Action	S: s47F		1
1.	54/F		
2.			
3.	IHAP Assessment copy be provided to the treating team as suggestions for review.		
4.	Arrange a teleconference start to introduce Dr Gill and discuss issues including 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 2 and Tuesday 25 June 2019.		
Docum	nent library reviewed: ABF Client brief – 2 pages		1
Docum	Clinical Advisory Team (MOC) Opinion dated 18.06.2019 – 2 pages		33
	<u></u> <u></u> -	airs	198
		Affairs	Ct
	3. Treating Drs referral – 16 pages		NA
	a. ***	of Home	tio
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	s47F	epartment	fIn
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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)?		Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	11/10/2019 Time: 11:32 hrs	s47F		
IHAP Meeting date:	12/10/2019 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview buics/consent/other barrier.	t was unable to do this due to	lack of	
	I that it was not appropriate	e to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings:				2
Secretariat attending: s22	^{(1)(a)(ii)} ar	d ^{s22(1)(a)(ii)}		Irs 198
Following IHAP docume	nt review s47F	as been diagnosed with:		offairs ct 198
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The Panel noted that s47F	
The Panel discussed s47F	and noted that:
s47F	
The Panel agreed that s47F	
The Panel discussed s47F	The Panel expressed concern that s47F
The Panel noted that s47F	
s47F	SA
his hame listed on the pathology and chest x-ray	Director on Christmas Island during 2012/2013 and all arrivals had requests. The Panel noted the potential/perceived conflict of doctor on Christmas Island allowed Dr Gogna to continue in the
IHAP recommendations	Hom
All six IHAP Panel members agreed that their rec The Panel agreed that their recommendation was	ommendation was that safe transfer to Australia be refused based on the following factors:
s47F •	leased by Department

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Based on the above reasons, the Panel agreed that for treatment	t their recommendation is to refuse *** transfer to A	ustralia
To troutine it		
Actions:		
● s47F		
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Document library reviewed: ABF Client brief – 3	pages	
Clinical Advisory Team (MOC) Opinion		
2. Letter from advocate s47F – 2 pages		
3. Treating Drs referral – 22 pages		0.1
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	Dr Antonio Di Dio (Chair)	by Fre
Panel members assessing:	Dr Parbodh Gogna	sed
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		Professor Brendan Murphy		
		Associate Professor Susan Moloney		
		Dr Michael Douglas		
		Mr Guy Coffey		
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes	
		Majority (out of total members):	6/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	12/10/2019	Time of IHAP recommendation:	16:41hrs	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	10/10/2019 Time: 17:04 hrs	s47F		
	Time. 17.04 1113			
IHAP Meeting date:	12/10/2019 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview buics/consent/other barrier.	ut was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriat	e to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				
Secretariat attending: s22	(1)(a)(ii) at	nd ^{s22(1)(a)(ii)}		rs 98,
Following IHAP docume	nt review s47F	has been diagnosed with:		ffai ct 1
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The panel discussed s47F		
The Panel discussed s47F	and noted the following:	
s47F		
The Panel noted that s47F		
27		
The Panel has concerns that s47F		
The Panel noted that s47F		
The Panel noted that ^{s47F}		
The Panel agreed that should be transferred to A	Australia ^{s47F}	
Should be transferred to	, additalia	
Dr Gogna advised that he was the Area Medical Director of his name listed on the pathology and chest x-ray requests interest and as the Dr Gogna was not the treating doctor of discussion.	s. The Panel noted the potential/perceived conflict of	of
IHAP recommendations		32
All six IHAP Panel members agreed that their recommend approved. The Panel agreed that their recommendation v		Affairs Act 198
		tment of Home of Information
Based on the above reasons, the Panel agreed that their r Australia for treatment	recommendation is to approve s47F transfer t	y Depār Freedom
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Actions:			
bo transferred to Australia			
• s47F be transferred to Australia.			
•			
Document library reviewed: ABF Client brief – 2 p	pages		
Clinical Advisory Team (MOC) Opinion	dated 03.10.2019 – 2 pages		
2. Letter from advocate ^{s47F} – 2 pages	S		
3. Treating Drs referral –			
a.			
b. 4. Clinical Records			
4. Clinical Records			
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			rs 982
	Dr Antonio Di Dio (Chair)		Affai Act 1
	Dr Parbodh Gogna		(1)
Panel members assessing:	Professor Brendan Murphy		of Home
. and managed according.	Associate Professor Susan Moloney		if H
	Dr Michael Douglas		
	Mr Guy Coffey	T	ment of Info
	Is the Minister's refusal confirmed:	No	oart om
IHAP Majority recommendation:	Majority (out of total members):	6/7	Dep
	Transfer is recommended:	Yes	by Fre
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Date of IHAP recommendation:	12/10/2019	Time of IHAP recommendation:	16:41 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	10/10/2019 Time: 17:04hrs	s47F		
IHAP Meeting date:	12/10/2019 08:00hrs	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	
Interview with Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings:				0.1
Secretariat attending: s22	(1)(a)(ii) s22(1)(a)(ii)		rs 982
Following IHAP docume	nt review ^{s47F}	has been diagnosed with:		Department of Home Affaired
The panel discussed s47F		and noted that:		by Fre
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The panel agreed that s47F	
The Panel noted that safe	hey
also noted that ^{s47F} It is also noted that ^{s47F}	
The Panel raised concerns that s47F	
The Panel agreed that s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivations name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion.	f
IHAP recommendations	
All six IHAP Panel members agreed that their recommendation was that ransfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:	9
	ne Affairs on Act 1982
Based on the above reasons, the Panel agreed that their recommendation is to refuse ^{s47F} tran Australia for treatment	f Hajs
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Actions:						
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Document library reviewed: ABF Client brief – 2 pages						
 Clinical Advisory Team (MOC) Opinion dated 02.10.2019 – 1 pages Letter from advocate s47F – 2 pages 						
Treating Drs referral –						
s ^{47F}						
b.						
4. Clinical Records						
s47F						
				2		
		Dr Antonio Di Dio (Chair)		irs 198		
Panel members assessing:		Dr Parbodh Gogna				
		Professor Brendan Murphy		ne Affa n Act		
		Associate Professor Susan Moloney		of Home		
		Dr Michael Douglas		of H		
		Mr Guy Coffey	<u> </u>	t t		
		Is the Minister's refusal confirmed:	Yes	tmen of In		
IHAP Majority recommendation:		Majority (out of total members):	6/7	part		
		Transfer is recommended:	No	Del		
Date of IHAP	12/10/2019	Time of IHAP recommendation:	16:41 hrs	by Fr		
recommendation:	12/10/2013	Time of mar recommendation.	10.711113	sed		
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Deemed approval (post 72 hours)?

No Meeting audio recorded: No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	17/10/2019 Time: 1342 hrs	S47F		
IHAP Meeting date:	19/10/2019 Time: 0800hrs	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	
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	was unable to do this due to to conduct an interview beca	lack of use of risk of harm to the perso	on.
IHAP findings: Secretariat attending: ^{\$22} Following IHAP docume \$47F		en diagnosed with:	by Department of Home Affairs	Freedom of Information Act 1982

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s47F	
The Panel considered the treating doctors' reports s47F	
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The David diagona of \$47F	
The Panel discussed s47F . The Panel agree that s47F	
, in a panel agree and	
The Panel agree that ^{\$47F}	
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Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva	als had
his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of	of &
interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	in the
uiscussion.	Aff
IHAP recommendations	10 h
All five IHAP Panel members agreed that their recommendation was that start transfer to Australia	16. Aq
<u>refused</u> . The Panel agreed that their recommendation was based on the following factors:	Hon
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Based on the above reasons, the Panel agreed that their recommendation is to refuse s47F transfe	
Australia for treatment.	art
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Actions:			
The Panel agree that s47F			
s47F			
Document library reviewed: ABF Client brief – 2 p	pages		
Clinical Advisory Team (MOC) Opinion	dated 11.10.2019 – 2 pages		
2. Letter from advocate s47F	– 2 pages		
3. s47F			
Treating Drs referral – s47F s47F			
a.			
b.			
5. Clinical Records s47F			
			82
			airs 19
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	Dr Antonio Di Dio (Chair)		ne no
	Dr Parbodh Gogna		Hon atic
Panel members assessing:	Professor Brendan Murphy		nent of Home f Information
	Associate Professor Susan Moloney		nt (
	Mr Guy Coffey		
	Is the Minister's refusal confirmed:	Yes	part om (
IHAP Majority recommendation:	Majority (out of total members):	5/7	. De
	Transfer is recommended:	No	d by
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Date of IHAP recommendation:	19/10/2019	Time of IHAP recommendation:	1830hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	17/10/2019 Time: 1342 hrs	s47F		
IHAP Meeting date:	19/10/2019 Time: 0800hrs	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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$220 Following IHAP docume \$47F		en diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982
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The Panel discussed the treating doctors' reports and cons notes provided.	idered all other medical records and case	managen	ment
The Panel noted that s47F	. The Panel agreed that ^{s47F}		
The Panel further noted that there s47F . The Panel noted:			
s47F			
With this in mind, the Panel agreed that s47F			
Dr Gogna advised that he was the Area Medical Director of his name listed on the pathology and chest x-ray requests. interest and as the Dr Gogna was not the treating doctor or discussion.	The Panel noted the potential/perceived of	conflict of	
IHAP recommendations			
All six IHAP Panel members agreed that their recommenda	ation was for ^{s47F} transfer to Aust	tralia be	
<u>refused</u> . The Panel agreed that their recommendation was			
refused. The Panel agreed that their recommendation was	based on the following factors:		882
refused. The Panel agreed that their recommendation was	based on the following factors:	transfer to	ct 1982
refused. The Panel agreed that their recommendation was • sate Based on the above reasons, the Panel agreed that their recommendation	based on the following factors:	transfer to	ne Alfalfs on Act 1982
refused. The Panel agreed that their recommendation was • sate Based on the above reasons, the Panel agreed that their recommendation	based on the following factors:	transfer to	on A
refused. The Panel agreed that their recommendation was • sate Based on the above reasons, the Panel agreed that their re Australia for treatment.	based on the following factors:	transfer to	or Home
refused. The Panel agreed that their recommendation was • sate Based on the above reasons, the Panel agreed that their re Australia for treatment. Actions:	based on the following factors: ecommendation is to refuse s47F	transfer to	of Information A
refused. The Panel agreed that their recommendation was • safe Based on the above reasons, the Panel agreed that their re Australia for treatment. Actions: The Panel agree that safe	based on the following factors: ecommendation is to refuse s47F	transfer to	of Information A
refused. The Panel agreed that their recommendation was • safe Based on the above reasons, the Panel agreed that their re Australia for treatment. Actions: The Panel agree that safe	based on the following factors: ecommendation is to refuse s47F	transfer	by Department of Home. Freedom of Information A
refused. The Panel agreed that their recommendation was • safe Based on the above reasons, the Panel agreed that their re Australia for treatment. Actions: The Panel agree that safe	based on the following factors: ecommendation is to refuse s47F	transfer	Department of Home of edom of Information A

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	t library reviewed: ABI	F Client brief – 2	pages		
1.	1. Clinical Advisory Team (MOC) Opinion dated 9/10/2019 – 2 pages				
2.	Letter from advocate s	47F	– 2 pages		
3.	s47F				
4.	Treating Drs referral –				
	s ^{47F} a.				
	b.				
5.	Clinical Records				
			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna		
_			Professor Brendan Murphy		
Panel men	nbers assessing:		Associate Professor Susan Moloney		
			Associate Professor Neeraj Gill		
			Mr Guy Coffey		
			Is the Minister's refusal confirmed:	Yes	
IHAP Majo	ority recommendation:		Majority (out of total members):	6/7	
IHAP Majo	ority recommendation:		Majority (out of total members): Transfer is recommended:	6/7 No	
Date of IHA	AP	19/10/2019			fairs t 1982
Date of IHA	AP		Transfer is recommended:	No	me Af
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	me Af
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	me Af
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	me Af
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	me Af
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	me Af
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	me Af
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	by Department of Home Af Freedom of Information Ac
Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	by Department of Home Af Freedom of Information Ac
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Date of IHA recommer	AP ndation:	19/10/2019	Transfer is recommended: Time of IHAP recommendation:	No 1830hrs	Department of Home Af eedom of Information Ac

Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	18/10/2019 Time: 1352 hrs	s47F		
IHAP Meeting date:	19/10/2019 Time: 0800 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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
_	to conduct an interview but ics/consent/other barrier.	t was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:	(1)(a)(ii)			\$ 82
Secretariat attending: S22		been diagnosed with:		fairs t 19
s47F	ntreview	been diagnosed with.		t of Home Af formation Ac
The Panel discussed s47F				men of In
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The Panel agreed that s47F	
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Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrihis name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
IHAP recommendations	
All five IHAP Panel members agreed that their recommendation was that refused. The Panel agreed that their recommendation was based on the following factors:	ia be
• \$47F	
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transformation.	fer to
Actions:	fail 17
The Panel agreed that ^{s47F}	Act
	y Department of Home reedom of Information
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Document library reviewed. AD	E Cliant briat 0	nages		
Document library reviewed: ABI 1. Clinical Advisory Tean		dated 03.10.2019 – 2 pages		
Letter from advocate -		adica 66.16.2616 2 pages		
3. S47F	_ pag-			
4. Treating Drs referral –				
s47F a.				
b.				
5. Clinical Records				
\$ 4 7F				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Professor Brendan Murphy		
		Associate Professor Susan Moloney		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	No	82
IHAP Majority recommendation:		Majority (out of total members):	5/7	ffairs
		Transfer is recommended:	No	e A
Date of IHAP	19/10/2019	Time of IHAP recommendation:	1830hrs	Hom
recommendation:	19/10/2019	Time of man recommendation.	10001113	f H
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	nent c
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	17/10/2019 Time: 1346 hrs	\$47F		
IHAP Meeting date:	18/10/2019 Time: 1830hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	t was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: Following IHAP docume s47F		en diagnosed with:		Affairs 4 <i>ct</i> 1982
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The Panel discussed s47F s47F The Panel noted s47F The Panel felt that s47F s47F		
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivation his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of		
interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue i discussion.		
IHAP recommendations All four IHAP Panel members agreed that their recommendation was that safe transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: • safe		
•	ne Affairs In Act 1982	
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transfer to Australia for treatment.	f Hon	
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Actions:			
The Panel agreed that s47F			
The Panel also agreed that s47F			
Document library reviewed: ABF Client brief – 2 p	pages		
Clinical Advisory Team (MOC) Opinion	dated 09.10.2019 – 2 pages		
2. Letter from advocate s47F	– 2 pages		
3. s47F			
4. Treating Drs referral –			
s47F a.			
b.			
5. Clinical Records		I	
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	Dr Antonio Di Dio (Chair)		f H(
Panel members assessing:	Dr Parbodh Gogna		o tr
	Associate Professor Susan Moloney		nent of Info
	Associate Professor Neeraj Gill	1	artr n o
	Is the Minister's refusal confirmed:	Yes	Depail
IHAP Majority recommendation:	Majority (out of total members):	4/7	Jy [-ree
	Transfer is recommended:	No	ed b
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Date of IHAP recommendation:	19/10/2019	Time of IHAP recommendation:	11:44am
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	17/10/2019 Time: 1346 hrs	s47F		
IHAP Meeting date:	18/10/2019 Time: 1830hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview buics/consent/other barrier.	t was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	e to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$22	(1)(a)(ii)			rs 982
Following IHAP docume	nt review ^{s47F} ha	s been diagnosed with:		Affai ct 1
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The Panel discussed s47F				part
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The Panel noted that ^{\$47F}	
All Danel members agreed that ^{\$47F}	_
All Panel members agreed that s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriven his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
IHAP recommendations	
All four IHAP Panel members agreed that their recommendation was that refused. The Panel agreed that their recommendation was based on the following factors:	a be
● S47F	L
Based on the above reasons, the Panel agreed that their recommendation is to refuse transf Australia for treatment	er to
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Actions:	
Nil.	
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Document library reviewed: ABF Client brief – 3 pages				
	1. Clinical Advisory Team (MOC) Opinion dated 04.10.2019 – 2 pages			
Letter from advocate - s ^{47F}	- 2 pages			
3.				
4. Treating Drs referral –				
a.				
b.				
5. Clinical Records s47F				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Associate Professor Susan Moloney		
		Associate Professor Neeraj Gill		
		Is the Minister's refusal confirmed:	Yes	22
IHAP Majority recommendation:		Majority (out of total members):	4/7	airs 198
		Transfer is recommended:	No	Act
Date of IHAP	19/10/2019	Time of IHAP recommendation:	11:44am	Home nation
recommendation:	19/10/2019	Time of mar recommendation.	11.44a111	工员
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	17/10/2019 Time: 1342 hrs	s47F		
IHAP Meeting date:	19/10/2019 Time: 0800hrs	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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$222 Following IHAP docume		has been diagnosed with		offairs of 1982
s47F				nent of Home Ai
The Panel noted that s47F				Departin edom o
The Panel considered s47	7F			by De Freed

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S47F	
The Panel noted that s47F	
the Panel agreed that s47F	
. The Panel suggested that ^{s47F}	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrive his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
IHAP recommendations	
All five IHAP Panel members agreed that their recommendation was that safety transfer to Australia be refused . The Panel agreed that their recommendation was based on the following factors:	
s47F	
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transfer to Australia for treatment.	1
Actions:	
<u>roache.</u>	
The panel suggested that ^{s47F}	
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	ome Affairs ation Act 198
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Sensitive: Personal Page 2 of 3

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Document library reviewed: AB	F Client brief – 3	pages		
1. Clinical Advisory Team (MOC) Opinion dated 15.10.2019 – 1 page				
2. Letter from advocate ^s	Letter from advocate s47F – 2 pages			
3. s47F				
4. Treating Drs referral –				
a.				
b.				
5. Clinical Records				
s47F				
		I		
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Professor Brendan Murphy		
		Associate Professor Susan Moloney		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	5/7	irs 1982
		Transfer is recommended:	No	Affa 4ct
Date of IHAP recommendation:	19/10/2019	Time of IHAP recommendation:	11:44am	ome ition ,
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Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	of
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	25/10/2019 Time: 1526 hrs	\$47F		
IHAP Meeting date:	27/10/2019 Time: 1600 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: Secretariat attending: s22 Following IHAP docume s47F		been diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982

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The Panel acknowledge s47F	
The Panel notes s47F	
The December 2015 April 2015 Apri	_
The Panel agree that ^{s47F}	
The Panel agree that \$47F	
IHAP recommendations	
All four IHAP Panel members agreed that their recommendation was that approved. The Panel agreed that their recommendation was based on the following factors:	a be
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Based on the above reasons, the Panel agreed that their recommendation is to approve start transfer and transfer and transfer and transfer and transfer and transfer are transfer are transfer and transfer are transfer are transfer and transfer are transfer and transfer are transfer are transfer are transfer and transfer are trans	sfer to
Actions:	
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s47F	
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	airs 19
	Affa 4ct 7
Document library reviewed: ABF Client brief – 3 pages	om tio
Clinical Advisory Team (MOC) Opinion dated 17 October 2019– 2 pages	г Па
2. Letter from advocate s47F – 2 pages	ent of Hor Informatio
J.	f In
4. Treating Drs referral –	rtm 7 of
a.	Department of Home edom of Information
b.	De
5. Clinical Records	by [
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s47F			
Panel members assessing:		Dr Antonio Di Dio (Chair) Professor Brendan Murphy Associate Professor Neeraj Gill Mr Guy Coffey	
		Is the Minister's refusal confirmed:	No
IHAP Majority recommendation:		Majority (out of total members):	4/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	28/10/2019	Time of IHAP recommendation:	1000hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	25/10/2019 Time: 1526 hrs	\$47F		
IHAP Meeting date:	27/10/2019 Time: 1600 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
-	to conduct an interview buics/consent/other barrier.	t was unable to do this due to	lack of	
	I that it was not appropriate	e to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: s22 Following IHAP docume		een diagnosed with:		offairs of 1982
S47F				by Department of Home A Freedom of Information A

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The Panel noted 3477			
\$47F ● •			
IHAP recommendations			
All four IHAP Panel members agreed that their recordefused. The Panel agreed that their recommendation		er to Australia b	oe
The Panel is confident s47F			
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F	transfer	to
Actions: Nil			
1. Clinical Advisory Team (MOC) Opinion 2. Letter from advocate 3. Treating Drs referral – a. b. 4. Clinical Records 4. Clinical Records	dated 21.10.2019 – 2 pages		ent of Home Affairs Information Act 1982
Panel members assessing:	Dr Antonio Di Dio (Chair) Professor Brendan Murphy Associate Professor Neeraj Gill Mr Guy Coffey		y Department of Home Affi reedom of Information Act
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	ed by
The majority recommendation.	Majority (out of total members):	4/7	der th
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		Transfer is recommended:	No
Date of IHAP recommendation:	28/10/2019	Time of IHAP recommendation:	1000hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	25/10/2019 Time: 1526 hrs	s47F		
IHAP Meeting date:	27/10/2019 Time: 1600 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	
capability/capacity/logist	an interview. to conduct an interview butics/consent/other barrier.	it was unable to do this due to		erson.
IHAP findings: Secretariat attending: \$22 Following IHAP documes \$47F		en diagnosed with:		Department of Home Affairs eedom of Information Act 1982
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The Panel noted the s47F		
The Panel noted the ^{s47F}		
IHAP recommendations		
All four IHAP Panel members agreed that their reco refused. The Panel agreed that their recommendation		Э
• \$47F		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F transfer to	0
Actions: The Panel recommends s47F - s47F		
Document library reviewed: ABF Client brief – 2 p	pages	
 Clinical Advisory Team (MOC) Opinion s^{47F} 	dated 17 October 2019– 2 pages	01
3. Letter from advocate s47F – 2 pages	8	rs 98%
4. Treating Drs referral –		Affai ct 1
s47F a.		ne A
b.		ent of Home Information
5. Clinical Records		of h
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		ee ee
Panel members assessing:	Dr Antonio Di Dio (Chair)	d by e Fr
	Professor Brendan Murphy	ase r th
		de

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		Associate Professor Neeraj Gill Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	4/7
		Transfer is recommended:	No
Date of IHAP recommendation:	28/10/2019	Time of IHAP recommendation:	1000hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	25/10/2019 15:22 hrs	s47F		
IHAP Meeting date:	27/10/2019 Time: 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$22 Following IHAP docume		has been diagnosed with:		airs 7982
S47F				ed by Department of Home Aff

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Sensitive: Personal Page 1 of 3

Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivations his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion.	of
The Panel found that s47F	
s47F	
The Panel found a ^{847F}	
It was agreed that safe	
s47F	
IHAP recommendations All IHAP Panel members present agreed that their recommendation was that be approved. The Panel agreed that their recommendation was based on the following factors: • \$47F • \$47F	Australia 8
Based on the above reasons, the Panel agreed that their recommendation is to approve to Australia for treatment.	ne syffairs
Actions: Transfer s47F to Australia Panel to be notified once transfer has occurred.	ased by Department of Homer the Freedom of Information
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Document library reviewed: ABF Client brief – 2 pages				
1. Clinical Advisory Tean	n (MOC) Opinion	dated 11 October 2019– 2 pages		
2. s47F				
3. Letter from advocate se	– 2 page	es		
 4. Treating Drs referral – a. b. 				
5. Clinical Records				
s47F				
		Dr Antonio Di Dio (Chair)		
Daniel manufacture and a second		Dr Parbodh Gogna		
Panel members assessing:		Professor Brendan Murphy		
		Dr Michael Douglas		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	No	
IHAP Majority recommendation:		Majority (out of total members):	5/7	2
		Transfer is recommended:	Yes	iirs 198
Date of IHAP recommendation:	28/10/2019	Time of IHAP recommendation:	11:10	ne Affa n Act
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	Home

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Independent Health Advice Panel

Clinical Assessment

IHAP referral date/time: 25/10/2019 15:22 hrs Treating Doctor's referral received? Time: 08:00 hrs Was the Referring Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary.	Meeting details Biodata details				
Time: 08:00 hrs Reconvened IHAP meeting (if required): N/A Was the Referring Doctor's clinical assessment performed remotely or in person? Health Service Provider Yes			\$47F		
meeting (if required): Doctor's clinical assessment performed remotely or in person? Health Service Provider Yes	IHAP Meeting date:		_	Yes	
		N/A	Doctor's clinical assessment performed	Remotely	
received:			clinical summary	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. 	☐ The IHAP undertook☐ The IHAP attempted capability/capacity/logist	an interview. to conduct an interview but tics/consent/other barrier.			erson.
IHAP findings: Secretariat attending: \$22(1)(a)(ii)	Secretariat attending: \$22				irs 1982
Following IHAP document review has been diagnosed with: has been diagnosed with: by audition to be a superior of the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of the pathology and chest x-ray requests.	Dr Gogna advised that h	ne was the Area Medical Dir	rector on Christmas Island du		eedom o

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The Pa	anel noted that ^{s47F}	
s47F		
s47F	the Panel recognises §47F . They note that §47F	
IHAP r	recommendations_	
All HAI	P Panel members present agreed that their recommendation was that sate transfer to A proved. The Panel agreed that their recommendation was based on the following factors:	ustralia
•	be transferred to Australia for treatment	
•	s47F	
	s47F	
	on the above reasons, the Panel agreed that their recommendation is to approve ^{s47F} tralia for treatment.	ransfer
Action	<u>ns:</u>	
•	be transferred to Australia §47F	
•	\$47F	
•	The Panel have requested notification once transfer has taken place.	Home Affairs mation Act 1982
		Released by Department of Home Affaunder the Freedom of Information Act

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Document library reviewed: AB	F Client brief – 2	pages		
Clinical Advisory Tear	n (MOC) Opinion	dated 27 September 2019– 1 pages		
2. Letter from advocate s	– 2 page	es		
3. Treating Drs referral –	-			
a. s47F				
b.				
C.				
4. Clinical Records s47F				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Professor Brendan Murphy		
		Dr Michael Douglas		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	No	
IHAP Majority recommendation:		Majority (out of total members):	5/7	Q
		Transfer is recommended:	Yes	irs 198
Date of IHAP	27/10/2019	Time of IHAP recommendation:	17:30	Affa Act
recommendation:	21/10/2019	Time of man recommendation.	17.50	n)
Deemed approval (post 72	No	Meeting audio recorded:	No	f Horr matio
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	25/10/2019 15:22	s47F		
IHAP Meeting date:	27/10/2019 08:00	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	
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	was unable to do this due to to conduct an interview beca		erson.
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F		has been diagnosed wi	th:	ed by Department of Home Affairs he <i>Freedom of Information Act 1982</i>

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S4/F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrive his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
The Panel noted s47F	
s47F	
Treating doctors' reports were quite different in a number of findings which was of concern start.	
s47F	1
s47F	
IHAP recommendations	
All HAP Panel members present agreed that their recommendation was that safe. Australia be refused. The Panel agreed that their recommendation was based on the following factors: Based on the above reasons, the Panel agreed that their recommendation is to refuse safe. Based on the above reasons, the Panel agreed that their recommendation is to refuse safe.	er to
Actions:	32
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1. Clinical Advisory Team (MOC) Opinion dated 14/10/2019 – 2 pages 2. Letter from advocate **** – 2 pages 3. Treating Drs referral – a. **** b. Clinical Records ***** 4. Clinical Records **** Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommendation: 5/7 Deemed approval (post 72 hours)? No Meeting audio recorded: No	Document library reviewed: AB	F Client brief – 3	pages					
3. Treating Drs referral – a. saff b. 4. Clinical Records Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Wajority (out of total members): 77 77 77 77 77 78 78 78 78 7	1. Clinical Advisory Team (MOC) Opinion dated 14/10/2019 – 2 pages							
A. Clinical Records Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority recommendation: Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 27/10/2019 Time of IHAP recommendation: 17:30	2. Letter from advocate s	– 2 page	s					
A. Clinical Records ### Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey	3. Treating Drs referral –	-						
Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 27/10/2019 Time of IHAP recommendation: 17:30 Deemed approval (post 72)	a.							
Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 17:30 Deemed approval (post 72) No. Meeting audio recorded: No.								
Panel members assessing: Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 27/10/2019 Time of IHAP recommendation: 17:30 Deemed approval (post 72 No Meeting audio recorded: No	S4/F							
Panel members assessing: Dr Parbodh Gogna Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 27/10/2019 Time of IHAP recommendation: 17:30 Deemed approval (post 72 No Meeting audio recorded: No								
Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 17:30 Deemed approval (post 72 No Meeting audio recorded: No			Dr Antonio Di Dio (Chair)					
Dr Michael Douglas Mr Guy Coffey Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 17:30 Deemed approval (post 72 No. Meeting audio recorded: No.			Dr Parbodh Gogna					
IHAP Majority recommendation: Majority (out of total members): 5/7	Panel members assessing:		Professor Brendan Murphy					
Is the Minister's refusal confirmed: Yes Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 17:30 Deemed approval (post 72 No. Meeting audio recorded: No.			Dr Michael Douglas					
IHAP Majority recommendation: Majority (out of total members): 5/7 Transfer is recommended: No Date of IHAP recommendation: 17:30 Deemed approval (post 72 No. Meeting audio recorded: No.			Mr Guy Coffey					
Transfer is recommended: Date of IHAP recommendation: Time of IHAP recommendation: 17:30 Deemed approval (post 72 No. Meeting audio recorded:			Is the Minister's refusal confirmed:	Yes				
Date of IHAP recommendation: 27/10/2019 Time of IHAP recommendation: 17:30 Deemed approval (post 72 No. Meeting audio recorded:	IHAP Majority recommendation:		Majority (out of total members):	5/7				
Date of IHAP recommendation: Time of IHAP recommendation: 17:30 Deemed approval (post 72 No. Meeting audio recorded:			Transfer is recommended:	No	Q			
Deemed approval (post 72 hours)? No Meeting audio recorded: No		27/10/2019	Time of IHAP recommendation:	17:30	ffairs st 198			
		No	Meeting audio recorded:	No	ome A			

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	25/10/2019 15:22	S47F		
IHAP Meeting date:	27/10/2019 08:00	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	
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	was unable to do this due to to conduct an interview beca	lack of use of risk of harm to the perso	on.
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F	nt review ^{s47F}	has been diagnosed with	partment of Home Aff	omo
Dr Gogna advised that h his name listed on the pa	ne was the Area Medical Dir athology and chest x-ray red	ector on Christmas Island dur quests. The Panel noted the p	ing 2012/2013 and all arrivals	had

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interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue i discussion.	n the
The Panel found that s47F	
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s47F	
The Panel found that ^{s47F}	
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IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that safety and transfer Australia be refused. The Panel agreed that their recommendation was based on the following factors:	to
• s47F	
Based on the above reasons, the Panel agreed that their recommendation is to refuse §47F	1
transfer to Australia for treatment.	
Actions:	
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Document	library reviewed: AB	F Client brief – 3	pages			
1.	Clinical Advisory Team (MOC) Opinion dated 11/10/2019 – 2 pages					
2.	Letter from advocate s	– 2 page	s			
3.	Treating Drs referral –					
	a. b.					
4.	Clinical Records					
٠.	s47F					
			Dr Antonio Di Dio (Chair)			
			Dr Parbodh Gogna			
Panel mem	bers assessing:		Professor Brendan Murphy			
			Dr Michael Douglas			
			Mr Guy Coffey			
			Is the Minister's refusal confirmed:	Yes		
IHAP Major	rity recommendation:		Majority (out of total members):	5/7		
			Transfer is recommended:	No		
Date of IHA		27/10/2019	Time of IHAP recommendation:	17:30	iirs 1982	
Deemed ap	pproval (post 72	No	Meeting audio recorded:	No	Affa Act	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	25/10/2019 Time: 12:53 hrs	s47F		
IHAP Meeting date:	26/10/2019 Time: 08:00 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
⊠ The IHAP determined	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: Following IHAP docume	nt review ^{s47F}	has been diagnosed with:		Affairs ct 1982
\$47F				by Department of Home A Freedom of Information A

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Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivations have listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue it discussion.	f
The Panel noted that safe	
. They also noted that ^{s47F}	
IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that sate to Australia be refused. The Panel agreed that their recommendation was based on the following factors:	
s47F	
Based on the above reasons, the Panel agreed that their recommendation is to refuse safety to Australia for treatment.	ansfer
Actions:	
s47F	
Panel requests an update on the above within one month	s 382
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Document library reviewed: ABI	F Client brief – 3 į	pages			
1. Clinical Advisory Team (MOC) Opinion dated 16 October 2019 – 2 pages					
2. Letter from advocate s	– 2 page	s			
3. Treating Drs referral –					
a.					
b.					
4. Clinical Records					
		Dr Antonio Di Dio (Chair)			
Panel members assessing:		Dr Parbodh Gogna			
r and monisore accessing.		Professor Brendan Murphy			
		Associate Professor Neeraj Gill			
		Is the Minister's refusal confirmed:	Yes		
IHAP Majority recommendation:		Majority (out of total members):	4/7		
		Transfer is recommended:	No		
Date of IHAP recommendation:	26/10/2019	Time of IHAP recommendation:	17:15	82	
				50	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	Affa Act 1	
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	25/10/2019 Time: 12:53 hrs	s47F		
IHAP Meeting date:	26/10/2019 Time: 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.	
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F		been diagnosed with:	rtment of Home Affairs	
his name listed on the pa	athology and chest x-ray red	quests. The Panel noted the բ	ring 2012/2013 and all arrivals had potential/perceived conflict of owed Dr Gogna to continue in the	3

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The Panel noted that safe	
s47F	
IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that \$47F transfer to Aust	ralia be
approved. The Panel agreed that their recommendation was based on the following factors:	
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Based on the above reasons, the Panel agreed that their recommendation is to approve sate.	sfer to
Australia for treatment.	5101 10
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Transfer to Australia s47F	
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Document library re	viewed: AB	F Client brief – 3	pages				
1. Clinical Advisory Team (MOC) Opinion dated 17.10.2019 – 2 pages							
2. Letter fro	2. Letter from advocate s47F – 2 pages						
3. Treating	Drs referral -	-					
a. s4	7F						
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C.							
4. Clinical F	Records						
			Dr Antonio Di Dio (Chair)				
Banal mambara aga	ooolngu		Dr Parbodh Gogna				
Panel members ass	essing.		Professor Brendan Murphy				
			Associate Professor Neeraj Gill				
			Is the Minister's refusal confirmed:	No	0.1		
IHAP Majority recon	nmendation	:	Majority (out of total members):	4/7	irs 1982		
			Transfer is recommended:	Yes	Affa 4ct		
Date of IHAP		26/40/2040	Time of IIIAD was a was a defice.	17.15	-		
recommendation:		26/10/2019	Time of IHAP recommendation:	17:15	Home ation		
Deemed approval (p	oost 72	No	Mosting gudio reserved	No	of H		
hours)?		No	Meeting audio recorded:	No			
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	23/10/2019 Time: 17:40 hrs	s47F		
IHAP Meeting date:	25/10/2019 Time: 18:30 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F		been diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982
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Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived cor interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to condiscussion.	nflict of
The Panel found that s47F	
They noted that s47F	
s47F	
IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that start transfer to refused. The Panel agreed that their recommendation was based on the following factors:	o Australia be
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• Development of the Development of the SATE	
Based on the above reasons, the Panel agreed that their recommendation is to refuse Australia for treatment.	transfer to
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Document library reviewed: ABF Client brief – 3 pages

- 1. Clinical Advisory Team (MOC) Opinion dated 14.10.2019 1 page
- 2. Letter from advocate 4 pages
- 3. Treating Drs referral
 - a. s47
 - b.
- 4. Clinical Records

Panel members assessing:		Dr Parbodh Gogna (Chair) Professor Brendan Murphy Associate Professor Neeraj Gill Mr Guy Coffey (provided assessment prior to meeting)			
		Is the Minister's refusal confirmed:	Yes		
IHAP Majority recommendation:		Majority (out of total members):	4/7		
		Transfer is recommended:	No	0.1	
Date of IHAP recommendation:	26/10/2019	Time of IHAP recommendation:	12:00	fairs x 1982	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	me A	
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Independent Health Advice Panel

Clinical Assessment

Meeting details Biodata details		data details		
IHAP referral date/time:	23/10/2019 Time:17:40 hrs			
IHAP Meeting date:	25/10/2019 Time: 18:30 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
-	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings: Secretariat attending: \$222 Following IHAP docume		s been diagnosed with:		Affairs Act 1982
		on the second of	sin x 2040/2040 and all a vi	artment of Home A
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals has his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				

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IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that safety transfer to Au refused. The Panel agreed that their recommendation was based on the following factors: • safety	stralia be
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transformation.	sfer to
Actions:	
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Update to be provided to the Panel s47F	
Document library reviewed: ABF Client brief – 2 pages	
1. Clinical Advisory Team (MOC) Opinion dated 16.10.2019 – 2 pages	
2. Letter from advocate – 2 pages	
3. Treating Drs referral –	O.I
a. Sari	rs 98
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4. Clinical Records	
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Panel members assessing:		Dr Parbodh Gogna (Chair) Professor Brendan Murphy Associate Professor Neeraj Gill Mr Guy Coffey (provided assessment prior to meeting)		
IHAP Majority recommendation:		Is the Minister's refusal confirmed: Yes Majority (out of total members): 4/7		
		Transfer is recommended:	No	
Date of IHAP recommendation:	26/10/2019	Time of IHAP recommendation:	12:00	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details				
IHAP referral date/time:	23/10/2019 Time: 17:40 hrs	s47F				
IHAP Meeting date:	25/10/2019 Time: 18:30 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			
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	t was unable to do this due to to conduct an interview beca		erson.		
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F		en diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982		
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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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion. **IHAP recommendations** All IHAP Panel members present agreed that their recommendation was that \$47F transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: Based on the above reasons, the Panel agreed that their recommendation is to refuse s47F transfer to Australia for treatment. **Actions: Document library reviewed:** ABF Client brief – 3 pages 1. Clinical Advisory Team (MOC) Opinion dated 15.10.2019 – 1 page

- 2. Letter from advocate 2 pages
- 3. Treating Drs referral
 - a.
 - b.
- Clinical Records

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Dr Parbodh Gogna (Chair)		Dr Parbodh Gogna (Chair)	
Professor Brendan Murphy		Professor Brendan Murphy	
Associate Professor Neeraj Gill		Associate Professor Neeraj Gill	
Mr Guy Coffey (provided assessment prior to meeting)		Mr Guy Coffey (provided assessment prior to meeting)	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	4/7
		Transfer is recommended:	No
Date of IHAP recommendation:	26/10/2019	Time of IHAP recommendation:	12:00
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	23/10/2019 Time: 17:40 hrs	s47F -		
IHAP Meeting date:	25/10/2019 Time: 18:30 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: S22 Following IHAP docume S47F		en diagnosed with:		nt of Home Affairs nformation Act 1982
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Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all are his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflictinterest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continudiscussion.	ct of	
The Panel noted that s47F		
s47F	•	
s47F		
The Panel discussed s47F		
s47F		
IHAP recommendations		
All IHAP Panel members present agreed that their recommendation was that safety transfer to Aust approved. The Panel agreed that their recommendation was based on the following factors: • safety • • • • • • • • • • • • • • • • • • •	ralia d	oe
Based on the above reasons, the Panel agreed that their recommendation is to approve safety Australia for treatment.	transf	er to
Astions	(0)	382
Actions: • s47F	Affair	Act 1
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	epartment of Home	Freedom of Information Act
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Document library reviewed:	ABF Client brief – 3 pages
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- 1. Clinical Advisory Team (MOC) Opinion dated 16.10.2019 2 pages
- 2. Letter from advocate 2 pages
- 3. Treating Drs referral
 - a. s4
 - b.
 - c.
- 4. Clinical Records

	ai Records			
s47F				

		Dy Doyle adla Cogres (Chair)			_	
Panel members assessing:		Dr Parbodh Gogna (Chair)				
		Professor Brendan Murphy				
		Associate Professor Neeraj Gill		0		
		Mr Guy Coffey (provided assessment pr	ior to meeting)	irs 198		
		Is the Minister's refusal confirmed:	No	Affa 4ct		
IHAP Majority recommendation:		Majority (out of total members):	4/7	me ion /		
		Transfer is recommended:	Yes	f Hc		
Date of IHAP recommendation:	26/10/2019	Time of IHAP recommendation:	12:00	nent o		
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	epartn		
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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details Biodata details			
IHAP referral date/time:	25/10/2019 Time: 12:53 hrs	s47F		
IHAP Meeting date:	26/10/2019 Time: 08:00 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	
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	was unable to do this due to to conduct an interview beca		erson.
IHAP findings: Secretariat attending: Following IHAP documes s47F	nt review ^{s47F}	has been diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982
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Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals had

	-ray requests. The Panel noted the potential/perceived co ating doctor on Christmas Island allowed Dr Gogna to con	
The Panel noted that s47F		
s47F		
The Panel considered s47F	. It was agreed that ^{s47F}	
IHAP recommendations		
All IHAP Panel members present agreed that Australia be refused. The Panel agreed that t	t their recommendation was that s47F transtend transtheir recommendation was based on the following factors:	nsfer to
The Panel found that s47F		
• s47F		
▲ s47F		
Based on the above reasons, the Panel agre to Australia for treatment.	ed that their recommendation is to refuse	transfer
Actions:		_
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Document	library reviewed: ABI					
1.	, , ,					
2.	Email from MOC					
3.	Letter from advocate s		S			
4.	Treating Drs referral –					
	a.					
	b.					
-	C.					
5.	Clinical Records					
			Dr Antonio Di Dio (Chair)			
			Dr Parbodh Gogna			
Panel men	nbers assessing:		Professor Brendan Murphy			
			Associate Professor Neeraj Gill			
			Is the Minister's refusal confirmed:	Yes	0.1	
IHAP Majo	rity recommendation:		Majority (out of total members):	x/x	airs 1982	
			Transfer is recommended:	No	Affa Act 7	
			Transfer is recommended:	No		
Date of IH		26/10/2019	Time of IHAP recommendation:	17:15	Home	
recommen	idation:					
	pproval (post 72	No	Meeting audio recorded:	No	ent of Inforn	
hours)?					f In	
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	25/10/2019 Time: 12:53 hrs	s47F		
IHAP Meeting date:	26/10/2019 Time: 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings: Secretariat attending: Following IHAP docume	nt review ^{s47F} h	as been diagnosed with:		ffairs ct 1982
				of Home A
his name listed on the pa	athology and chest x-ray re	rector on Christmas Island dur quests. The Panel noted the p octor on Christmas Island allo	ootential/perceived conflict	of E to

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IHAP recommendations			
All IHAP Panel members present agreed that their rebe refused. The Panel agreed that their recommend		transfer to Au	ustralia
s47F •			
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F	tran	sfer to
Actions:			
\$47F •			
Updated provided to the Panel s47F			
Document library reviewed: ABF Client brief – 2 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 10/10/2019 – 1 page		
2. Letter from advocate s47F – 2 pages	5		
3. Treating Drs referral –a. sate			
b. 4. Clinical Records			
4. Cillical Recolds s47F			s 382
			Affair 4ct 19
			ome tion,
	Dr Antonio Di Dio (Chair)		H
Banal manuham assassinan	Dr Parbodh Gogna		nt c
Panel members assessing:	Professor Brendan Murphy		mel of II
	Associate Professor Neeraj Gill		epartment of dom of Inforn
	Is the Minister's refusal confirmed:	Yes	Dep
IHAP Majority recommendation:	Majority (out of total members):	4/7	d by
	Transfer is recommended:	No	ased rr the

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Page 2 of 3

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Date of IHAP recommendation:	26/10/2019	Time of IHAP recommendation:	17:15
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	YNo

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	31/10/2019 Time: 15:04 hrs	s47F		
IHAP Meeting date:	1/11/2019 Time: 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:	No	
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	was unable to do this due to to conduct an interview beca		erson.
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F		has been diagnosed with:		Department of Home Affairs sedom of Information Act 1982

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the Panel are satisfied that satisfied that		
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The Panel notes that s47F		
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IHAP recommendations	S 9	200
All IHAP Panel members present agreed that their recommendation was that safety transfer	to or	-
Australia be <u>approved</u> . The Panel agreed that their recommendation was based on the following factors:	< <	ACL
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Based on the above reasons, the Panel agreed that their recommendation is to approve \$47F	transfe	ēr
to Australia for treatment.	par	5
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Actions:				
• Transfer s47F	to Australia			
S++/F ●				
• Donalda la matification de la material				
Panel to be notified once t	ranster has occu	rrea.		
Document library reviewed: ABI	F Client brief – 2	pages		
Clinical Advisory Tean	n (MOC) Opinion	dated 22/10/2019 – 1 page		
2. Letter from advocate ^s	– 2 page	s		
3. Treating Drs referral –				
a. s47F				
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 Clinical Records proving s47F 	ded on 2 Novemb	per		
		Dr Antonio Di Dio (Chair)		
Banal manchana agasasin m		Associate Professor Neeraj Gill		
Panel members assessing:		Associate Professor Michael Douglas		82
		Mr Guy Coffey		airs 19
		Is the Minister's refusal confirmed:	No	Act
IHAP Majority recommendation:		Majority (out of total members):	4/7	lome
		Transfer is recommended:	Yes	of H
Date of IHAP recommendation:	3/11/2019	Time of IHAP recommendation:	0800hrs	tment of Info
Deemed approval (post 72	No	Meeting audio recorded:	No	epartr
hours)?	140	meeting addito recorded.	140	
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	31/10/2019 Time: 15:04 hrs	s47F		
IHAP Meeting date:	1/11/2019 Time: 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:	No	
Interview with Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: §22 Following IHAP docume s47F		en diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982

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	The Panel note that ^{s47F}	
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s47F	the members agree that s47F	
	The Panel identified tha	₄ s47F
	. The Panel Identified that	l
The Panel agreed that s47F		
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IIIAD was a war was a dation a		
IHAP recommendations	6475	
	greed that their recommendation was that s47F trans recommendation was based on the following factors:	fer to Australia be <u>approved</u> .
s47F	recommendation was based on the following factors.	
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Based on the above reasor Australia for treatment.	n, the Panel agreed that their recommendation is to approve	transfer to
Australia for treatment.		
Actions:		
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Document library reviewed: ABF Client brief – 2 pages							
 Clinical Advisory Team 	Clinical Advisory Team (MOC) Opinion dated 25.09.2019 – 2 pages						
a. Clinical Adviso	a. Clinical Advisory Team (MOC) Opinion Addendum dated 17.10.2019 – 1 pages						
2. Letter from advocate se	– 2 pages	s					
3. Treating Drs referral –							
s47F a.							
b.							
4. Clinical Records							
s47F							
		Dr Antonio Di Dio (Chair)					
Panel members assessing:		Associate Professor Neeraj Gill					
Taller members assessing.		Associate Professor Michael Douglas					
		Mr Guy Coffey					
		Is the Minister's refusal confirmed:	No				
IHAP Majority recommendation:		Majority (out of total members):	4/7				
		Transfer is recommended:	Yes				
Date of IHAP recommendation:	3/11//2019	Time of IHAP recommendation:	0700hrs				
Deemed approval (post 72				C)			
hours)?	No	Meeting audio recorded:	No	78 98			
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	04/11/2019 Time: 17:55 hrs	\$47F		
IHAP Meeting date:	05/11/2019 Time: 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	rson.
IHAP findings:				2
Secretariat attending:				rs 98
Following IHAP docume s47F		has been diagnosed with:		artment of Home Affai n of Information Act 1
his name listed on the pa	athology and chest x-ray re	rector on Christmas Island dui quests. The Panel noted the p octor on Christmas Island allo	ootential/perceived conflict	of Opt

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	the Panel note ^{s47F} Panel disagreed with this, ^{s47F}	
The Panel note that s47F		
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The Panel agree that s47F		
s47F th	e Panel note that §47F	
. The also agree that		
IHAP recommendations		
All IHAP Panel members present agreed that their r		ustralia
be <u>approved</u> . The Panel agreed that their recomme	endation was based on the following factors:	
•		
Panel on the character the Danel annual that	847F	
Based on the above reasons, the Panel agreed that to Australia for treatment.	t their recommendation is to approve	ransfer
Actions:		
Transfer s47F to Australia		
• s47F		
The Panel to be notified once start transferred.		
Document library reviewed: ABF Client brief – 2 p	pages	2
1. Clinical Advisory Team (MOC) Opinion dated 18.10.2019 – 2 pages		
2. Letter from advocate s47F – 2 pages	S	ot ,
3. Treating Drs referral –		AA
a. s47F		tio,
b.		На
C.		epartment of Home
4. Clinical Records		f In
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Panel members assessing:	Dr Antonio Di Dio (Chair)	by
Tallor members assessing.	Dr Parbodh Gogna	ied
		07 -

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		Professor Brendan Murphy Associate Professor Neeraj Gill	
		Is the Minister's refusal confirmed:	No
IHAP Majority recommendation:		Majority (out of total members):	4/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	6/11/2019	Time of IHAP recommendation:	10:40hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details Biodata details		data details	
IHAP referral date/time:	04/11/2019 Time: 1755 hrs	s47F		
IHAP Meeting date:	05/11/2019 Time: 1700 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 Transito	ry Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				Q.
Secretariat attending:				S 8
Following IHAP docume	nt review s47F	has been diagnosed with:		ffai 37.7
\$47F				by Department of Home A

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his name listed on the pathology and chest x-ray rec	ector on Christmas Island during 2012/2013 and all ar quests. The Panel noted the potential/perceived conflic octor on Christmas Island allowed Dr Gogna to continu	ct of
The Panel noted that s47F		
The Panel were reassured s47F		
The Panel agreed that s47F		
IHAP recommendations		
All IHAP Panel members agreed that their recomme refused . The Panel agreed that their recommendation		alia be
● s47F		
Based on the above reasons, the Panel agreed that to Australia for treatment.	their recommendation is to refuse s47F	transfer
Actions: • s47F • The Panel will undertake a review of s47F	in one month, ^{s47F} .	
Document library reviewed: ABF Client brief – 2 p		
 a) Clinical Advisory Team (MOC) Opinion of b) Letter from advocate s47F – 2 pages 	, -	s. 982
b) Letter from advocate ^{s4/F} – 2 pagesc) Treating Drs referral –	•	of 1
a. b.		AA
d) Clinical Records		f H(
S41F		epartment of Home
	Dr Antonio Di Dio (Chair)	y D
Panel members assessing:	Dr Parbodh Gogna	ed by
	Professor Brendan Murphy	ease er th

Sensitive: Personal

		Associate Professor Neeraj Gill	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	4/7
		Transfer is recommended:	No
Date of IHAP recommendation:	6/11/2019	Time of IHAP recommendation:	10:40hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	04/11/2019 Time: 17:55 hrs	s47F		
IHAP Meeting date:	05/11/2019 Time: 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but tics/consent/other barrier.	was unable to do this due to	lack of	
		to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: \$22 Following IHAP documes \$47F		een diagnosed with:		of Home Affairs rmation Act 1982
his name listed on the p interest and as the Dr G discussion.	athology and chest x-ray re- ogna was not the treating d	rector on Christmas Island durquests. The Panel noted the poctor on Christmas Island allowed Medical Officer of the Commo	potential/perceived conflict obwed Dr Gogna to continue	of It
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The Panel were unsure of recommendation.	and sought clarification in o	rder to assist in	the			
s47F						
Following receipt of this advice, the Panel agreed that s47F						
will need to be transferred to Australia						
IHAP recommendations						
All IHAP Panel members present agreed that their reapproved. The Panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed that their recommendations are suppressed to the panel agreed to the panel agr		transfer to Aus	tralia be			
s47F						
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to approve s47F	tran	sfer to			
Actions:						
• s47F to be transferred to Australia.						
• s47F						
The Panel to be notified when s47F is	s transferred.					
Document library reviewed: ABF Client brief – 2 p	pages					
Clinical Advisory Team (MOC) Opinion						
2. Letter from advocate s47F – 2 pages						
3. Treating Drs referral –						
a. s47F						
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	Dr Antonio Di Dio (Chair)		epartment of dom of Infon			
Panel members assessing:	Dr Parbodh Gogna		me of /			
	Professor Brendan Murphy		art			
	Associate Professor Neeraj Gill	T	Depa edor			
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	No	by I Fre			
THAI Majority recommendation.	Majority (out of total members):	4/7	ed			
		1	200			

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		Transfer is recommended:	Yes
Date of IHAP recommendation:	7/11/2019	Time of IHAP recommendation:	1020hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Bio	data details	
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	s47F		
IHAP Meeting date:	08/11/2019 Time: 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	
Interview with Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview buics/consent/other barrier.	ut was unable to do this due to	lack of	
	d that it was not appropriate	e to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				0.1
Secretariat attending: s22	(1)(a)(ii) s22(1)(a)	(ii) s22(1)(a)(ii)		S. 88
Following IHAP docume	nt review s47F has	been diagnosed with:		ffail St 1
\$47F				ed by Department of Home And Freedom of Information Ac

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Sensitive: Personal

The panel noted that s47F		
It was noted that s47F		
s47F		
s47F	The panel advised that s47F	
It was noted that s47F		
S47F		
The panel noted that s47F	. It was also noted that s47F	
s47F		
s47F	the panel agreed that the ^{s47F}	
It was noted that s47F		
Dr Gogna advised that he was the his name listed on the pathology	Area Medical Director on Christmas Island during 2012/2013 and all arriva and chest x-ray requests. The Panel noted the potential/perceived conflict of not the treating doctor on Christmas Island allowed Dr Gogna to continue in	
Dr Gogna advised that he was the his name listed on the pathology interest and as the Dr Gogna was	nd chest x-ray requests. The Panel noted the potential/perceived conflict of	
Dr Gogna advised that he was the his name listed on the pathology interest and as the Dr Gogna was discussion. IHAP recommendations All IHAP Panel members agreed	nd chest x-ray requests. The Panel noted the potential/perceived conflict of	n the
Dr Gogna advised that he was the his name listed on the pathology interest and as the Dr Gogna was discussion. IHAP recommendations All IHAP Panel members agreed The Panel agreed that their records **The Panel agreed that their records the pathology interest and as the Dr Gogna was discussion.	and chest x-ray requests. The Panel noted the potential/perceived conflict of not the treating doctor on Christmas Island allowed Dr Gogna to continue in that their recommendation was that safety transfer to Australia be remendation was based on the following factors:	n the

Sensitive: Personal

Actions:			
\$47F			
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Document library reviewed: ABF Client brief – 2	nages		
Clinical Advisory Team (MOC) Opinion	-		
Letter from advocate s47F – 2 page			
Treating Drs referral –	3		
s47F a.			
b.			
4. Clinical Records			
s47F			
			s 382
			fair f 19
			ACI
	Dr Antonio Di Dio (Chair)		nent of Home f Information
	Dr Parbodh Gogna		ent of Home Information
Panel members assessing:	Associate Professor Susan Moloney		of
	Associate Professor Neeraj Gill		ent Inf
	Mr Guy Coffey		tm of
	Is the Minister's refusal confirmed:	Yes	epal dom
IHAP Majority recommendation:	Majority (out of total members):	5/7	y De
	Transfer is recommended:	No	ed b
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Date of IHAP recommendation:	9/11/2019	Time of IHAP recommendation:	10:09 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	s47F		
IHAP Meeting date:	08/11/2019 Time: 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	
Interview with Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: §22 Following IHAP docume s47F		as been diagnosed with:		Department of Home Affairs edom of Information Act 1982
				by Department of Home Freedom of Information

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Sensitive: Personal

The panel noted s47F	
S47F	
The panel agreed that s47F	
It was noted that s47F	
The panel requested s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrive his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
IHAP recommendations	
All IHAP Panel members agreed that their recommendation was that start transfer to Australia berefused. The Panel agreed that their recommendation was based on the following factors:	е
•	
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transformation and transformation is to refuse start transformation.	sfer to
Actions:	82
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Document library reviewed: ABF Client brief – 2 pages					
1. Clinical Advisory Team (MOC) Opinion dated 14.10.2019 – 2 pages					
2. Letter from advocate s47F – 2 pages					
3. Treating Drs referral	_				
a. b.					
4. Clinical Records					
s47F					
		Dr Antonio Di Dio (Chair)			
		Dr Parbodh Gogna			
Panel members assessing:		Associate Professor Susan Moloney			
		Associate Professor Neeraj Gill			
		Mr Guy Coffey			
		Is the Minister's refusal confirmed:	Yes		
IHAP Majority recommendation:		Majority (out of total members):	5/7		
		Transfer is recommended:	No		
Date of IHAP recommendation:	9/11/2019	Time of IHAP recommendation:	10:09 hrs	C .	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	ffairs et 198	
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	s47F		
IHAP Meeting date:	08/11/2019 Time: 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	
Interview with Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview butics/consent/other barrier.	at was unable to do this due to	lack of	
☑ The IHAP determined	d that it was not appropriate	e to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: s22 Following IHAP documes s47F		s22(1)(a)(ii) been diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982

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Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivations have listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict contenest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in discussion.	of
The panel noted s47F	-
The panel noted that s47F The panel also noted that s47F The panel also noted that s47F	
IHAP recommendations All IHAP Panel members agreed that their recommendation was that stransfer to Australia be recommendation was based on the following factors:	<u>efused</u> .
• s47F	
Based on the above reasons, the Panel agreed that their recommendation is to refuse safety transfe Australia for treatment.	r to
Actions: _ s47F	
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	of Home Affairs Irmation Act 198
	Released by Department of Home Affa under the Freedom of Information Act

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Document library reviewed: AB	or Client brief – 3	pages		
 Clinical Advisory Tear 	Clinical Advisory Team (MOC) Opinion dated 23.10.2019 – 2 pages			
2. Letter from advocate	Letter from advocate - 2 pages			
3. Treating Drs referral -	3. Treating Drs referral –			
a.				
b.				
4. Clinical Records				
s47F				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Associate Professor Susan Moloney		
		Associate Professor Neeraj Gill		
		Mr Guy Coffey		
			.,	
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation	:	Majority (out of total members):	Yes 5/7	
IHAP Majority recommendation	:			
IHAP Majority recommendation Date of IHAP recommendation:	9/11/2019	Majority (out of total members):	5/7	°s 982
Date of IHAP recommendation:		Majority (out of total members): Transfer is recommended:	5/7 No	fairs :t 1982
Date of IHAP recommendation: Deemed approval (post 72		Majority (out of total members): Transfer is recommended:	5/7 No	Act 1982
Date of IHAP recommendation:	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	n le
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	n le
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	n le
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	n le
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	n le
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	n le
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	n le
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	Department of Home sedom of Information
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	by Department of Home.
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	by Department of Home.
Date of IHAP recommendation: Deemed approval (post 72	9/11/2019	Majority (out of total members): Transfer is recommended: Time of IHAP recommendation:	5/7 No 10:09 hrs	Department of Home sedom of Information

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	S47F		
IHAP Meeting date:	9/11/2019 Time: 0800 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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	t was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				O.
Secretariat attending: s22	(1)(a)(ii)			rs 98,
Following IHAP docume	nt review s47F ha	as been diagnosed with:		ffai ct 1
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The panel noted that 847F	
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the panel noted that ^{s47F}	
The panel noted that s47F . It was also noted that s47F	
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arriva his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict continues and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	of
IHAP recommendations	
All IHAP Panel members agreed that their recommendation was that refused. The Panel agreed that their recommendation was based on the following factors: • • • • • • • • • • • • •	9
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transformation and transformation is to refuse start transformation.	sfer to
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Actions:	irs 198
\$47F	Home Affa Hation Act
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Document II	brary reviewed: ABI		pages			
1. (Clinical Advisory Tean	n (MOC) Opinion	dated 28.10.2019 – 2 pages			
2. l	2. Letter from advocate ^{s47F} − 3 pages					
3.	Treating Drs referral –					
	a.					
	b.					
	Clinical Records					
3	471					
			Dr Antonio Di Dio (Chair)			
			Dr Parbodh Gogna			
Panel memb	pers assessing:		Associate Professor Susan Moloney			
			Dr Michael Douglas			
			Mr Guy Coffey			
			Is the Minister's refusal confirmed:	Yes		
IHAP Majori	ty recommendation:		Majority (out of total members):	5/7		
			Transfer is recommended:	No		
			Transier is recommended.	INO	8	
Date of IHAF recommend		9/11/2019	Time of IHAP recommendation:	15:54 hrs	irs 19	
					Affa 4ct	
Deemed appropriate hours)?	proval (post 72	No	Meeting audio recorded:	No	- 4	
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	7/11/2019 Time:1000 hrs	s47F		
IHAP Meeting date:	9/11/2019 Time: 0800 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
-	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings: Secretariat attending: \$22 Following IHAP docume		peen diagnosed with:		Affairs 4 <i>ct 1</i> 982
				by Department of Home Areedom of Information A

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s47F		
The panel noted that s47F	. They also highlighted that s47F	
The panel discussed s47F	and they noted that s47F	
They noted that the s47F		
The panel noted that s47F		
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s47F the panel noted t	that ^{s47F}	
The panel noted that s47F		
Dr Gogna advised that he was the Area Medical Director of his name listed on the pathology and chest x-ray requests. Interest and as the Dr Gogna was not the treating doctor of discussion.	. The Panel noted the potential/perceived conflict of	
IHAP recommendations		
All IHAP Panel members agreed that their recommendation. The Panel agreed that their recommendation was based o		<u>d</u> .
•	Affairs	10t 1982
Based on the above reasons, the Panel agreed that their re Australia for treatment.	ecommendation is to refuse s47F transfer	nation A
	eased by Department	under the <i>Freedom of Intori</i>

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Actions	<u>s:</u>		
	s47F		
•	54/1		
Docum	nent library reviewed: ABF Client brief – 3	nages	
Docum	Clinical Advisory Team (MOC) Opinion		
	 Letter from advocate s47F - 2 page 		
	 Treating Drs referral – 		
	s ^{47F} a.		
	b.		
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	d.		
	4. Clinical Records		
	S47F		
			s 382
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		Dr Antonio Di Dio (Chair)	Department of Home
		Dr Parbodh Gogna	Depar edom
Panel n	nembers assessing:	Associate Professor Susan Moloney	
		Dr Michael Douglas	by
		Mr Guy Coffey	sed
			eas

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IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	9/11/2019	Time of IHAP recommendation:	15:54 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	s47F		
IHAP Meeting date:	9/11/2019 Time: 08:00 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 Transito	ry Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the p	erson.
IHAP findings:				O.
Secretariat attending: s22	(1)(a)(ii) s22(1)(a)(ii	s22(1)(a)(ii)		rs 98
Following IHAP docume	nt review s47F has	been diagnosed with:		ffai ct 1
\$47F				by Department of Home A Freedom of Information A

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The panel noted that s47F	has had no encounters with IHMS since May 2018 until August 2019	9
even though he was still in the community.		
s47F	The	
panel noted that s47F		
s47F		
The panel not	ed that ^{s47F}	
. The panel requested that s47F		
his name listed on the pathology and chest	dical Director on Christmas Island during 2012/2013 and all arrivals x-ray requests. The Panel noted the potential/perceived conflict of eating doctor on Christmas Island allowed Dr Gogna to continue in the	
IHAP recommendations		
All IHAP Panel members agreed that their refused. The Panel agreed that their recom	ecommendation was that start transfer to Australia be imendation was based on the following factors:	
s47F		
Based on the above reasons, the Panel agr Australia for treatment.	reed that their recommendation is to refuse s47F transfer to)
Actions:		82
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Document library	reviewed: AB	F Client brief – 2	pages			
1. Clinica	al Advisory Tear	n (MOC) Opinion	dated 22.10.2019 – 2 pages			
2. Letter	from advocate ^s	– 2 page	s			
3. Treati	ng Drs referral -	-				
a.	s47F					
b.						
4. Clinica	al Records					
			Dr Antonio Di Dio (Chair)			_
			Dr Parbodh Gogna			
			Associate Professor Susan Moloney			
Panel members a	ssessing:		Associate Professor Neeraj Gill			
			Dr Michael Douglas			
			Mr Guy Coffey			
						_
			Is the Minister's refusal confirmed:	Yes		
IHAP Majority red	ommendation:	:	Majority (out of total members):	5/7		
			Transfer is recommended:	No	32	
Date of IHAP		9/11/2019	Time of IHAP recommendation:	15:54 hrs	airs 198	
recommendation	:	67 1 17 20 10		. 6.6 6	Affa 4ct 7	
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Bio	data details	
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	s47F		
IHAP Meeting date:	9/11/2019 Time: 0800 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	ause of risk of harm to the po	erson.
IHAP findings:				0.1
Secretariat attending:				irs 1982
Following IHAP docume	nt review ^{s47F}	has been diagnos	ed with:	ffai ct 1
s47F				Department of Home A eedom of Information A
		ector on Christmas Island du quests. The Panel noted the		

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interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	n the
The Panel notes that s47F	
s47F	
The Panel notes that safe The Panel noted safe The	
The Fallet Hoted	
The Panel notes that safe	
The Panel raised concerns that safe	
The Panel acknowledged that s47F	
IHAP recommendations	
All IHAP Panel members agreed that their recommendation was that start and transfer to Australia be approved . The Panel agreed that their recommendation was based on the following factors:)
s47F	
Based on the above reasons, the Panel agreed that their recommendation is to approve	
transfer to Australia for treatment.	82
	airs 19
Actions:	Affa Act 7
s ^{47F} to be transferred to Australia	(I)
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• The Panel in he notified once transferred	of
The Panel to be notified once s47F transferred	ent of Inforn
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The Panel to be notified once transferred	by Department of Freedom of Inform

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Document I	ibrary reviewed: ABI	Client brief – 3 ¡	pages		
1.	Clinical Advisory Tean	n (MOC) Opinion	dated 26.10.2019 – 1 pages		
2.	Letter from advocate ^s	– 3 page:	s		
3.	Treating Drs referral –				
	a. s47F				
	b.				
	C.				
	d.				
4.	Clinical Records				
			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna		
Panel memi	bers assessing:		Associate Professor Susan Moloney		
	ŭ		Associate Professor Neeraj Gill		
			Associate Professor Michael Douglas		
			Mr Guy Coffey		
			Is the Minister's refusal confirmed:	No	QI.
IHAP Major	ity recommendation:		Majority (out of total members):	6/7	198,
			Transfer is recommended:	Yes	Affa Act
Date of IHA recommend		9/11/2019	Time of IHAP recommendation:	2020hrs	Home ation
Deemed apply hours)?	proval (post 72	No	Meeting audio recorded:	No	int of I
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	\$47F		
IHAP Meeting date:	9/11/2019 Time: 0800 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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
· · · · · · · · · · · · · · · · · · ·	to conduct an interview builds.	t was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				82
Secretariat attending:				airs 198
Following IHAP docume	nt review s47F has b	een diagnosed with:		Affa 4ct
Dr Cogno advised that h	o was the Area Madical Di	ractor on Christmas Island du	ting 2012/2012 and all arrive	Department of Home
		rector on Christmas Island dui quests. The Panel noted the រុ		

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discussion.	continue in the
The Panel notes that safe	
The Panel noted that s47F	
The Panel acknowledged that safe. The Panel further noted that safe.	M.
IHAP recommendations	_
All IHAP Panel members agreed that their recommendation was that transfer to Austra The Panel agreed that their recommendation was based on the following factors: 847F	alia be <u>refused</u> .
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Based on the above reasons, the Panel agreed that their recommendation is to refuse substralia for treatment.	transfer to
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Document library reviewed: ABI	F Client brief – 3	pages		
Clinical Advisory Tean	n (MOC) Opinion	dated 22.10.2019 – 2 pages		
2. Letter from advocate s	– 2 page	s		
Treating Drs referral –				
a.				
b.				
4. Clinical Records				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
		Associate Professor Susan Moloney		
Panel members assessing:		Associate Professor Neeraj Gill		
		Associate Professor Michael Douglas		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	6/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	9/11/2019	Time of IHAP recommendation:	2020hrs	22
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	Affairs ct 198
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	s47F		
IHAP Meeting date:	9/11/2019 Time: 0800 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: Following IHAP docume s47F	nt review ^{s47F} has be	een diagnosed with:		by Department of Home Affairs Freedom of Information Act 1982
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the Panel are concerned state. The Panel agreed that state. The Panel agreed that state. The Panel members agreed that their recommendation was that state. The Panel agreed that their recommendation was based on the following factors:	his name listed on the pathology ar	Area Medical Director on Christmas Island during 2012/2011 nd chest x-ray requests. The Panel noted the potential/pero not the treating doctor on Christmas Island allowed Dr Gog	ceived conflict of
the Panel are concerned **** The Panel agreed that ***** The Panel agreed that **** **** **** The Panel agreed that their recommendation was that **** *** *** *** *** *** ** **	The Panel found s47F		
The Panel agreed that safe. IHAP recommendations All IHAP Panel members agreed that their recommendation was that safe. The Panel agreed that their recommendation was based on the following factors: • safe Based on the above reasons, the Panel agreed that their recommendation is to refuse safe. The Panel agreed that their recommendation is to refuse safe. • safe • safe • safe • safe • safe • safe	s47F		
IHAP recommendations All IHAP Panel members agreed that their recommendation was that safe transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: • safe Based on the above reasons, the Panel agreed that their recommendation is to refuse safe transfer to Australia for treatment. Actions: • safe • safe • safe • safe • safe		the Panel are concerned s47F	
IHAP recommendations All IHAP Panel members agreed that their recommendation was that safe transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: • safe Based on the above reasons, the Panel agreed that their recommendation is to refuse safe transfer to Australia for treatment. Actions: • safe • safe • safe • safe • safe			
IHAP recommendations All IHAP Panel members agreed that their recommendation was that sare transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: • sare Based on the above reasons, the Panel agreed that their recommendation is to refuse sare to Australia for treatment. Actions: • sare			
All IHAP Panel members agreed that their recommendation was that stransfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: • stransfer to Australia be refused. The Panel agreed that their recommendation is to refuse stransfer to Australia for treatment. **Actions: • stransfer to Australia be refused. Transfer to Australia be refused. The Panel agreed that their recommendation is to refuse stransfer to Australia for treatment.	The Panel agreed that s47F		
All IHAP Panel members agreed that their recommendation was that stransfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: • stransfer to Australia be refused. The Panel agreed that their recommendation is to refuse stransfer to Australia for treatment. **Actions: • stransfer to Australia be refused. Transfer to Australia be refused. The Panel agreed that their recommendation is to refuse stransfer to Australia for treatment.			
All IHAP Panel members agreed that their recommendation was that stransfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors: • stransfer to Australia be refused. The Panel agreed that their recommendation is to refuse stransfer to Australia for treatment. **Actions: • stransfer to Australia be refused. Transfer to Australia be refused. The Panel agreed that their recommendation is to refuse stransfer to Australia for treatment.			
The Panel agreed that their recommendation was based on the following factors: • \$47F Based on the above reasons, the Panel agreed that their recommendation is to refuse \$43F Actions: • \$43F •	IHAP recommendations		
Based on the above reasons, the Panel agreed that their recommendation is to refuse Australia for treatment. Actions: Safe Actions: Based on the above reasons, the Panel agreed that their recommendation is to refuse transfer to Australia for treatment.			Australia be <u>refused</u> .
Actions: • \$47F • 0 Home Attains • \$47F • 10 Marketians • 10 Home Attains • 10 Home	s47F		
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	ilbrary reviewed: AB	F Client brief – 2	pages		
1.	Clinical Advisory Tear	n (MOC) Opinion	dated 15.10.2019 – 2 pages		
2.	Letter from advocate s	– 2 page	s		
3.	Treating Drs referral -	-			
	a.				
	b.				
4.	Clinical Records				
			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna		
Panel mem	bers assessing:		Associate Professor Susan Moloney		
			Associate Professor Neeraj Gill		
			Associate Professor Michael Douglas		
			Mr Guy Coffey		
			Is the Minister's refusal confirmed:	Yes	
IHAP Major	rity recommendation:		Majority (out of total members):	6/7	
			Transfer is recommended:	N.L.	
				No	
Date of IHA		9/11/2019	Time of IHAP recommendation:	2020hrs	airs - 1982
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recommen	dation:	9/11/2019 No	Time of IHAP recommendation: Meeting audio recorded:		ne Affair
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	07/11/2019 Time: 10:00 hrs	s47F		
IHAP Meeting date:	9/11/2019 Time: 0800 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: Secretariat attending: Following IHAP document review has been diagnosed with: S47F When the property of the				f Hon
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of				

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interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.	in the
The Panel noted that s47F	
The Panel expressed concern that safe	
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The Panel noted that s47F	
The Panel acknowledged that s47F	
. The Panel were concerned that s47F	
IHAP recommendations	
All IHAP Panel members agreed that their recommendation was that safet to Australia be <u>re</u> . The Panel agreed that their recommendation was based on the following factors:	fused.
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Based on the above reasons, the Panel agreed that their recommendation is to refuse start transfer Australia for treatment.	to
Actions:	
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Document library reviewed: AB	F Client brief – 2	pages			
1. Clinical Advisory Tear	n (MOC) Opinior	n dated 11.10.2019 – 2 pages			
2. Letter from advocate ^{s47F} − 2 pages					
3. Treating Drs referral –					
a.					
b.					
C.					
4. Clinical Records					
		Dr Antonio Di Dio (Chair)			
		Dr Parbodh Gogna			
Panel members assessing:		Associate Professor Susan Moloney			
		Associate Professor Neeraj Gill			
		Associate Professor Michael Douglas Mr Guy Coffey			
		· · · · · · · · · · · · · · · · · · ·			
		Is the Minister's refusal confirmed:	Yes		
IHAP Majority recommendation:		Majority (out of total members):	6/7		
		Transfer is recommended:	No	\$ 82	
Date of IHAP recommendation:	9/11/2019	Time of IHAP recommendation:	2020hrs	Affairs Act 19	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	Home ation	
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details		
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	s47F			
IHAP Meeting date:	9/11/2019 Time: 16:00hrs	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		
Interview with Transito	ory Person				
☐ The IHAP undertook	an interview.				
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of		
☑ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.		
IHAP findings: Secretariat attending: s22	(1)(a)(ii)		.s. 982		
The Panel noted s47F			iffail		
The Panel noted s47F					
s47F			of Hi		
The Panel agreed that ^{s4}	The Panel agreed that s47F				
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.					

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IHAP recommendations					
All IHAP Panel members present agreed that their rerefused. The Panel agreed that their recommendati		transfer to Australia be			
•					
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F	transfer to			
Actions:					
s47F					
The Panel request a report on F condition	within two weeks				
Document library reviewed: ABF Client brief – 2 p	pages				
1. Clinical Advisory Team (MOC) Opinion	dated 4/11/2019 – 1 page				
2. Letter from advocate 47F – 2 pages	5				
3. Treating Drs referral –		N			
a. s47F		S 88			
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4. Clinical Records		e A			
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	Dr Antonio Di Dio (Chair)	by D			
Panel members assessing:	Dr Parbodh Gogna				
	Professor Brendan Murphy	ased ir the			
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Page 2 of 3

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		Dr Michael Douglas Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	13:56
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	s47F		
IHAP Meeting date:	9/11/2019 Time: 16:00hrs	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:	No	
Interview with Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview becau	use of risk of harm to the person.	
IHAP findings:			22	
Secretariat attending: s22	(1)(a)(ii)		airs 198	
The Panel noted that s47F			Affa	
Dr. Corne of vised that he was the Area Medical Director on Christman Jaland during 2012/2013 and all arrival and arrival arri				
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				
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IHAP recommendations				
All IHAP Panel members agreed that their recomme The Panel agreed that their recommendation was ba		transfer to Australia be <u>a</u>	pproved.	
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Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to a	pprove s47F transf	er to	
Australia for treatment.				
Actions:				
Transfer s47F to Australia				
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Document library reviewed: ABF Client brief – 3 p	pages			
1. Clinical Advisory Team (MOC) Opinion	dated 14.10.2019 – 2 pages			
2. Letter from advocate s⁴ ^{347F} − 2 pages	S			
3. Treating Drs referral –			2	
a. s47F			rs 98	
b.			Affail Act 1	
4. Clinical Records		_	e A	
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	Dr Antonio Di Dio (Chair)		Depai	
Panel members assessing:	Dr Parbodh Gogna		_ O	
3	Professor Brendan Murphy		by Fr	
	Dr Michael Douglas		sed	
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		Mr Guy Coffey	
		Is the Minister's refusal confirmed:	No
IHAP Majority recommendation:		Majority (out of total members):	5/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	13:56
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	s47F	
IHAP Meeting date:	10/11/2019 Time: 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
Interview with Transito	ory Person		
□ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.
IHAP findings: Secretariat attending: \$22 \$47F The Panel notes \$47F The Panel agree that \$47F			the Panel agree that he roll for the Panel agree of Information Act 1982
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IHAP recommendations				
All IHAP Panel members present a approved . The Panel agreed that		recommendation was that s47F traction was based on the following factors:	ansfer to Austra	alia be
• \$47F				
Based on the above reasons, the I Australia for treatment.	Panel agreed that	t their recommendation is to approve s47F	transf	er to
Actions:				
 Transfer to Australia s47F 				
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The Panel to be notified or	nce ^{s47F}	transferred.		
Document library reviewed: ABI	F Client brief – 3	pages		
 Clinical Advisory Tean 	n (MOC) Opinion	dated 29/10/2019 - 1 page		
2. Letter from advocate se	– 2 page	S		
 Treating Drs referral – 				
a.				
b.				
4. Clinical Records				
		Antonio Di Dio		
		Professor Brendan Murphy		
Panel members assessing:		Associate Professor Susan Moloney (M	leeting Chair)	s 382
		Associate Professor Michael Douglas		ffairs ct 198
		Mr Guy Coffey		Aci
		Is the Minister's refusal confirmed:	No	ome
IHAP Majority recommendation:		Majority (out of total members):	5/7	of H
Transfer is recommended: Yes			Yes	ent Info
Date of IHAP	10/11/2019	Time of IHAP recommendation:	2239hrs	artm n of
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	s47F	
IHAP Meeting date:	10/11/2019 Time: 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
Interview with Transito	<u>ory Person</u>		
□ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings:			
Secretariat attending: s22	(1)(a)(ii) and s22(1)(a)(ii)		S 88%
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IHAP recommendations			
All IHAP Panel members present agreed that their refused. The Panel agreed that their recommendation		ansfer to Austra	alia be
s47F •	on was based on the following factors.		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F	transfer	to
Actions:			
s47F			
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Document library reviewed: ABF Client brief – 3 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 6.11.2019 – 1 page		
2. Letter from advocate s47F – 2 pages	S		
Treating Drs referral –			
a. s47F			
b.			
4. Clinical Records s47F			
			Q.
			rs 98
			Affai 1 <i>ct 1</i>
			0)
	Dr Antonio Di Dio		ent of Home Information
	Professor Brendan Murphy		
Panel members assessing:	Associate Professor Susan Moloney (Me	eeting Chair)	nent of f Inforn
	Associate Professor Michael Douglas		
	Mr Guy Coffey	T	年 2
	Is the Minister's refusal confirmed:	Yes	epa
IHAP Majority recommendation:	Majority (out of total members):	5/7	Dy D
	Transfer is recommended:	No	ed b
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Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	S47F		
IHAP Meeting date:	10/11/2019 Time: 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	
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: Secretariat attending: \$22 \$47F The Panel note that \$47F	(1)(a)(ii) and s22(1)(a)(ii)	. The Panel note ^{s47F}	artment of Home Affairs	

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IHAP recommendations					
All IHAP Panel members present agreed that their recommendation was that start transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:					
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	Panel agreed that	their recommendation is to refuse s47F	transfer t	:0	
Australia for treatment.					
Actions:				_	
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Document library reviewed: ABF		_			
-		dated 6.11.2019 – 1 page			
 Letter from advocate state Treating Drs referral – 		S			
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				airs 19	
		Dr Antonio Di Dio		Aff	
		Professor Brendan Murphy		Home nation	
Panel members assessing:		Associate Professor Susan Moloney (Mo	eeting Chair)	Ho	
		Associate Professor Michael Douglas		nt of Home nformation	
		Mr Guy Coffey		ent Infa	
		Is the Minister's refusal confirmed:	Yes	artır m o	
IHAP Majority recommendation:		Majority (out of total members):	5/7)eps	
		Transfer is recommended:	No	by E	
Date of IHAP	40/44/0040	The CHAP	00001	0 0	
recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs	ease er th	
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Deemed approval (post 72 hours)?

No Meeting audio recorded: No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	\$47F		
IHAP Meeting date:	10/11/2019 Time: 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	
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: Secretariat attending: \$22 The Panel agree that \$475 that \$475		. They n	The Panel agree	
The Panel note that ^{s47F}			artment of Ho	

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IHAP recommendations				
All IHAP Panel members present a refused. The Panel agreed that the		recommendation was that safe traction was based on the following factors:	ansfer to Austra	ılia be
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Based on the above reasons, the F Australia for treatment.	Panel agreed that	t their recommendation is to refuse s47F	transfer	to
Actions:				
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Document library reviewed: ABF	Client brief – 3	pages		
•		dated 01.11.2019 – 2 pages		
2. Letter from advocate s4				
 Treating Drs referral – 				
a.				
b.				
4. Clinical Records				
s47F				
		Dr Antonio Di Dio		
		Professor Brendan Murphy		
Panel members assessing:		Associate Professor Susan Moloney (M	eeting Chair)	82
		Associate Professor Michael Douglas	σ ,	airs 19
		Mr Guy Coffey		Affig Act
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		Is the Minister's refusal confirmed:	Yes	on atio
IHAP Majority recommendation:		Majority (out of total members):	5/7	of H
		Transfer is recommended:	No	ent Infa
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs	partm om of
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	by De Freed
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	\$47F		
IHAP Meeting date:	9/11/2019 Time: 16:00hrs	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	
Interview with Transito	ory Person			
☐ The IHAP undertook	an interview.			
· ·	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.	
IHAP findings:			32	
Secretariat attending: s22			airs 198	
The Panel noted that ^{s47F} The Panel noted that ^{s47F}			ome Affa	
The Panel agreed that ^{§4}	7F		ent of Hi	
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				

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Sensitive: Personal Page 1 of 3

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IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that safety refused. The Panel agreed that their recommendation was based on the following factors:	transfer to Australia be
s47F ●	
•	
Based on the above reasons, the Panel agreed that their recommendation is to refuse	transfer to
Australia for treatment.	
Actions:	
s47F	
•	
Document library reviewed: ABF Client brief – 4 pages	
 Clinical Advisory Team (MOC) Opinion dated 28/10/2019 – 2 pages 	
2. Letter from advocate ^{s₄7F} − 2 pages	
3. Treating Drs referral –	2
a.	airs 198
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c.	0) =
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Page **2** of **3**

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Panel members assessing:		Dr Antonio Di Dio (Chair)	
		Dr Parbodh Gogna	
		Professor Brendan Murphy	
		Dr Michael Douglas	
		Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:	IHAP Majority recommendation:		5/7
			No
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	13:56
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	S47F		
IHAP Meeting date:	9/11/2019 Time: 16:00hrs	Treating Doctor's referral received?	Yes	
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		Health Service Provider clinical summary received:	Yes	
Interview with Transito	ory Person			
☐ The IHAP undertook	an interview.			
· · · · · · · · · · · · · · · · · · ·	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the pe	erson.
IHAP findings:				2
Secretariat attending: s220	(1)(a)(ii) s22(1)(a)(ii)		irs 198
Following IHAP docume	nt review s47F has be	en diagnosed with:		\ffa
s47F				ome A
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				
The Panel noted that s47F				artn n o
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IHAP recommendations All IHAP Panel members present agreed that their recommendation was that refused. The Panel agreed that their recommendation was based on the following factors: • *** • ** •	ia be
Based on the above reasons, the Panel agreed that their recommendation is to refuse stransfer to Australia for treatment. Actions:	ю
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Document library reviewed: ABI	F Client brief – 3	pages		
1. Clinical Advisory Team (MOC) Opinion dated 6/11/2019 – 1 pages				
2. Letter from advocate ^{s47F} − 2 pages				
3. Treating Drs referral –				
a. s47F				
b.				
4. Clinical Records				
		Dr Antonio Di Dio (Chair)		
		Dr Parbodh Gogna		
Panel members assessing:		Associate Professor Neeraj Gill		
		Dr Michael Douglas		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	5/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	9/11/2019	Time of IHAP recommendation:	20:40 hrs	iirs 1982
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	e Affa n Act
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Independent Health Advice Panel

Clinical Assessment

HAP Meeting date: Syl11/2019 Treating Doctor's referral received? Yes	Meeting details		Bio	odata details	
Reconvened IHAP meeting (if required): N/A Was the Referring Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary received: 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: Secretariat attending: □ The IHAP document review □ 122(1909) □ 132(1909) □ 133(1909) □ 143(1909) □ 144(1909) □ 145(1909) □ 1			s47F -		
Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary received: 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: Secretariat attending: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	IHAP Meeting date:			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: Secretariat attending: Secr		N/A	Doctor's clinical assessment performed	Remotely	
☐ 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. ☐ HAP findings: ☐ Secretariat attending: ☐ Secretariat at			clinical summary	No	
☐ 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. ☐ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person. ☐ IHAP findings: ☐ Secretariat attending: ☐ Secretariat attending: ☐ Following IHAP document review ☐ Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals has his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna was not the treating doctor on Christmas Island al	Interview with Transito	ory Person			
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. ☐ HAP findings: ☐ Secretariat attending: ☐ Secretariat attending: ☐ Secretariat attending: ☐ Secretariat attending: ☐ Discourage ☐ Disc	☐ The IHAP undertook	an interview.			
IHAP findings: Secretariat attending: S22(1)(a)(iii) Following IHAP document review has been diagnosed with: Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals has name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion. The Panel noted that S47F	· ·		was unable to do this due to	lack of	
Secretariat attending: \$22(1)(a)(ii) \$22(1)(a)(iii)		that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion. The Panel noted that s47F	Secretariat attending: \$22 Following IHAP docume				nt of Home Affairs Iformation Act 1982
The Panel noted that \$47F	his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				
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The Panel agreed that ^{s47F} s47F The Panel agreed ^{s47F}	
All IHAP Panel members present agreed that their recommendation was that approved. The Panel agreed that their recommendation was based on the following factors: • **** • **** • **** • *** • **** • *** • *** • *** • *** • *** • *** • *** • *** • *** • *** • * •	е
Based on the above reasons, the Panel agreed that their recommendation is to approve started transfer to Australia for treatment.	
Transfer to Australia as soon as possible. *******************************	nation Act 1982

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Document library reviewed: AB	F Client brief – 4	pages			
Clinical Advisory Tear	m (MOC) Opinion	dated 01/11/2019 – 2 pages			
2. Letter from advocate	Letter from advocate s47F – 2 pages				
Treating Drs referral -	-				
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b.					
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d.					
4. Clinical Records					
S4/F					
		1			_
		Dr Antonio Di Dio (Chair)			
		Dr Parbodh Gogna			
Panel members assessing:		Associate Professor Neeraj Gill			
		Dr Michael Douglas			
		Mr Guy Coffey			
		Is the Minister's refusal confirmed:	No		
IHAP Majority recommendation	:	Majority (out of total members):	5/7		
		Transfer is recommended:	Yes	airs 198	
Date of IHAP recommendation:	9/11/2019	Time of IHAP recommendation:	20:40 hrs	Affa Act	
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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details		data details			
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	S47F				
IHAP Meeting date:	10/11/2019 Time: 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			
☐ The IHAP undertook☐ The IHAP attempted capability/capacity/logist	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:	(4) (1)		2			
Secretariat attending: s22 The panel noted s47F The panel noted that s47F The panel also noted that		that ^{s47F}	ment of Home Affairs of Information Act 198			
			artmen.			

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IHAP recommendations						
All IHAP Panel members present agreed that their recommendation was that start to Australia be <u>refused</u> . The Panel agreed that their recommendation was based on the following factors:						
The panel agreed that s47F						
The panel also agreed that s47F			_			
Based on the above reasons, the Panel agreed that transfer to Australia for treatment.	their recommendation is to refuse s47F					
Actions:						
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Document library reviewed: ABF Client brief – 3 p	pages					
Clinical Advisory Team (MOC) Opinion Letter frame a less sets \$47F.	· -					
Letter from advocate s47F — 2 pages Tracting Dra referrel	5					
 Treating Drs referral – a. 						
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4. Clinical Records						
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	Dr Antonio Di Dio		of H			
	Professor Brendan Murphy					
Panel members assessing: Associate Professor Susan Moloney (Meeting Chair)						
Professor Brendan Murphy Associate Professor Susan Moloney (Meeting Chair) Associate Professor Michael Douglas Mr. Guy, Coffey						
	Mr Guy Coffey		Departm edom of			
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	l by Fre			
THAT Majority recommendation.	Majority (out of total members):	5/7	ased r the			
			(1) (1)			

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		Transfer is recommended:	No
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details			
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	\$47F				
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		Health Service Provider clinical summary received:	Yes			
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IHAP findings: Secretariat attending: The panel noted They also noted The panel also noted They also not				of Home Affairs ormation Act 1982		
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IIIAD recommendations				
IHAP recommendations				
All IHAP Panel members agreed that their recommendation was that started transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:				
The panel agreed that s47F				
s47F				
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Based on the above reasons, the Panel agreed that to Australia for treatment.	their recommendation is to refuse str		transfer	
Actions:				
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Document library reviewed: ABF Client brief – 4 p	pages			
1. Clinical Advisory Team (MOC) Opinion	dated 05/11/2019 – 1 pages			
2. Letter from advocate s47F – 2 pages	5			
3. Treating Drs referral –				
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4. Clinical Records			82	
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	Dr Antonio Di Dio		t of forr	
	Professor Brendan Murphy		Department o edom of Infor	
Panel members assessing: Associate Professor Susan Moloney (Meeting Chair)				
Tallet illetilibers assessing.	• ,	ieetiiig Onaii)	pai	
	Associate Professor Michael Douglas			
	Mr Guy Coffey		y I	
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	ed b	
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		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

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IHAP findings: Secretariat attending: \$22 The panel noted \$47F . The panel noted	oanel also noted that s47F		ne Affairs		
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IHAP recomm	mendations		
All IHAP Pand Australia be <u>r</u>	el members present agreed that their re refused. The Panel agreed that their re	ecommendation was that start trans commendation was based on the following factors:	fer to
	above reasons, the Panel agreed that istralia for treatment.	their recommendation is to refuse s47F	
Actions:			
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1. C 2. L 3. T 4. C	Clinical Advisory Team (MOC) Opinion of the etter from advocate freating Drs referral — a. Start b. Clinical Records	dated 2.11.2019 – 1 page	Department of Home Affairs edom of Information Act 1982
Panel memb	ers assessing:	Dr Antonio Di Dio Professor Brendan Murphy Associate Professor Susan Moloney (Meeting Chair) Associate Professor Michael Douglas Mr Guy Coffey	eased by Departmer er the Freedom of Ir

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IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

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Meeting details		Biod	lata details		
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IHAP Meeting date:	10/11/2019 Time: 17:00hrs	Treating Doctor's referral received?	Yes		
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Interview with Transito	ory Person				
☐ The IHAP undertook	an interview.				
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of		
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the p	erson	
IHAP findings: Secretariat attending: S22 The panel noted S47F . They noted	d that ^{s47F}			ome Affairs	ition Act 1982
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IHAP recommendations	IHAP recommendations					
All IHAP Panel members agreed that their recommendation was that start transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:						
● s47F						
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transfer to						
Australia for treatment.						
Actions:						
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Document library reviewed: ABF Client brief – 2 p	pages					
1. Clinical Advisory Team (MOC) Opinion	dated 06/11/2019 - 2 page					
2. Letter from advocate 47F – 2 pages	S					
Treating Drs referral –						
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	Dr Antonio Di Dio		e A			
	Professor Brendan Murphy		Home ation			
Panel members assessing:	Associate Professor Susan Moloney (Me	eeting Chair)	of Hom ormation			
	Associate Professor Michael Douglas		ent o Infor			
	Mr Guy Coffey		mei of II			
	Is the Minister's refusal confirmed:	Yes	oart om (
IHAP Majority recommendation:	Majority (out of total members):	5/7	Dep			
	Transfer is recommended:	No	by Fre			
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Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

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IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	S47F		
IHAP Meeting date:	9/11/2019 Time: 16:00hrs	Treating Doctor's referral received?	Yes	
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		Health Service Provider clinical summary received:	Yes	
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☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: \$22 Following IHAP docume \$47F		been diagnosed with:		nt of Home Affairs nformation Act 1982
his name listed on the pa	athology and chest x-ray red	ector on Christmas Island dur quests. The Panel noted the p octor on Christmas Island allo	ootential/perceived conflict	of # 70

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IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that sate transfer to Aust refused. The Panel agreed that their recommendation was based on the following factors:	ralia be
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Based on the above reasons, the Panel agreed that their recommendation is to refuse sate. transfer Australia for treatment.	er to
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			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna		
Panel members as	sessing:		Associate Professor Neeraj Gill		
			Dr Michael Douglas		
			Mr Guy Coffey		
			Is the Minister's refusal confirmed:	Yes	
IHAP Majority reco	mmendation:		Majority (out of total members):	5/7	
			Transfer is recommended:	No	
Date of IHAP recommendation:		09/11/2019	Time of IHAP recommendation:	20:40	
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Independent Health Advice Panel

Clinical Assessment

IHAP Meeting date: 9/11/2019 Treating Doctor's referral received? Yes	Meeting details			Bio	data details	
Reconvened IHAP meeting (if required): N/A Was the Referring Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary received: Neterview 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. HAP findings: Secretariat attending: 22(1/8)(9) Secretariat attending: 22(1/8)(9) Pollowing IHAP document review 122(1/8)(9) The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.			s47F			
Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary received: 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: Secretariat attending: 22(1)(a)(iii)	IHAP Meeting date:				Yes	
Clinical summary received:		N/A	Doctor ^a	s clinical ment performed	Remotely	
☐ 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. HAP findings: Secretariat attending: \$22(1)(a)(n) \$22(clinical	summary	Yes	
☐ 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. ☐ HAP findings: Secretariat attending: ☐ S22(1)(a)(0) ☐ S22(1)(a)(0)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	Interview with Transito	ry Person				
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: Secretariat attending: ☐ S22(1)(a)(ii) ☐ S22(1)(a)	☐ The IHAP undertook	an interview.				
IHAP findings: Secretariat attending: \$22(1)(a)(ii) \$22(1)(a)(a)(ii) \$22(1)(a)(ii) \$22(1)(a)(ii) \$22(1)(a)(ii) \$22(1)(a)(ii) \$22(1)(a)(ii) \$2	capability/capacity/logist	ics/consent/other barri	er.			oroon
Secretariat attending: \$22(1)(a)(ii) \$22(1)(a)(iii)		Tillat it was not approp	mate to condu	ct an interview beca	use of fisk of fiaith to the p	
by Department of Home Affairs Preedom of Information Act 19 Freedom of Information Act 19		(1)(a)(ii) s2:	2(1)(a)(ii)	s22(1)(a)(ii)		82
by Department of Home Aff						airs 198
	•					sed by Department of Home Aff the Freedom of Information Act

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The panel discussed	and noted that the following:	
s47F •		
, th	ne panel noted that s47F	
The panel noted that ^{s47F}	. They noted that ^{s47F}	
his name listed on the pathology and chest	edical Director on Christmas Island during 2012/2013 and all arrivals h x-ray requests. The Panel noted the potential/perceived conflict of reating doctor on Christmas Island allowed Dr Gogna to continue in the	
IHAP recommendations		
\$47F •	recommendation was that start transfer to Australia be mmendation was based on the following factors: reed that their recommendation is to refuse start transfer to)
		82
Actions: • s47F	me Affairs	ion Act 19
	Department of Home	Freedom of Information
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Page 2 of 3

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Document libra	ary reviewed: AB	F Client brief – 3	pages		
1. Clin	nical Advisory Tear	n (MOC) Opinion	dated 24.10.2019 – 2 pages		
2. Lett	ter from advocate ^s	– 3 page	s		
3. Trea	ating Drs referral –	-			
	a. s47F				
	b.				
4. Clin	ical Records				
			Dr Antonio Di Dio (Chair)		
			Dr Parbodh Gogna		
Daniel was usbassis			Associate Professor Susan Moloney		
Panel members	s assessing:		Associate Professor Neeraj Gill		
			Dr Michael Douglas		
			Mr Guy Coffey		
			Is the Minister's refusal confirmed:	Yes	
IHAP Majority ı	recommendation:		Majority (out of total members):	5/7	
IHAP Majority ı	recommendation:		Majority (out of total members): Transfer is recommended:	5/7 No	32
Date of IHAP recommendation		09/11/2019			Affairs oct 1982
Date of IHAP	on:		Transfer is recommended:	No	Act Act
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	Act Act
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	of Home Aff
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	ent of Home Aff Information Act
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	ent of Home Aff Information Act
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	ent of Home Aff Information Act
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	Department of Home Aff
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	Department of Home Aff
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	Department of Home Aff
Date of IHAP recommendation	on:	09/11/2019	Transfer is recommended: Time of IHAP recommendation:	No 15:54	by Department of Home Aff Freedom of Information Act

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	11/11/2019 Time: 16:26 hrs	s47F		
IHAP Meeting date:	13/11/2019 Time: 08:00 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.	
IHAP findings: Secretariat attending: S221 S47F note S47F	(1)(a)(ii)		The Panel	
		. The Panel note	\$47F	
The Panel note that s47F			of Hom	
The Panel note that s47F			nent f	
The Panel are concerne		ractor on Christmas Island du	ring 2012/2013 and all arrivals had	
		quests. The Panel noted the p		

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discussion.	octor on Christmas Island allowed Dr Goç	gna to continue i	n tne
IHAP recommendations			
All IHAP Panel members present agreed that their rapproved. The Panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that their recommendations are recommended to the panel agreed that the panel		ansfer to Austra	lia be
s47F •			
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to approve s47F	transfe	er to
Actions:			
• Transfer s47F to Australia s47F			
Notify the Panel with s47F has been trans	sferred.		
Document library reviewed: ABF Client brief – 2 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 6.11.2019 – 2 pages		
2. Letter from advocate s47F – 3 pages	s		
Treating Drs referral –			
a.			
b.			
4. Clinical Records			
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			ent
	Dr Parbodh Gogna (Meeting Chair)		rtm 7 of
	Associate Professor Susan Moloney		Department edom of Info
Panel members assessing:	Associate Professor Neeraj Gill		ee D
	Associate Professor Michael Douglas		by Fr
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	No	sed
			ea er

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		Majority (out of total members):	4/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	13/11/2019	Time of IHAP recommendation:	13:38 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	11/11/2019 Time: 16:26 hrs	s47F		
IHAP Meeting date:	13/11//2019 Time: 08:00 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.	
IHAP findings: Secretariat attending: \$22	(1)(a)(ii)		rs 982	
The Panel noted that s47F			. The panel noted \$47 \$ 7	
The Panel noted s47F			ome A	
	expressed their concerns.		f H	
the F	Panel recommended s47F		ent o	
his name listed on the pa	athology and chest x-ray red	quests. The Panel noted the p	ring 2012/2013 and all arrivals had potential/perceived conflict of wed Dr Gogna to continue in the	

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IHAP recommendations			
All IHAP Panel members present agreed that their reapproved. The Panel agreed that their recommendations		ansfer to Austra	lia be
s47F •			
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to approve §47F	transfe	er to
Actions:			
• Transfer s47F to Australia s47F			
The Panel to be notified once s47F t	ransferred.		
Document library reviewed: ABF Client brief – 3 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 07.11.2019 – 2 pages		
2. Letter from advocate - 2 pages	3		
Treating Drs referral –			
a. satr			
b.			
c.			
4. Clinical Records			
			2
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			Affai 4 <i>ct 1</i>
			ion
			of Home
	Dr Parbodh Gogna (Meeting Chair)		epartment dom of Inf
Panel members assessing:	Associate Professor Susan Moloney		rtme 7 of
	Associate Professor Neeraj Gill		Depar edom
	Dr Michael Douglas		De
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	No	d by e <i>Fr</i>
	Majority (out of total members):	4/7	ase er th
			0 0

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		Transfer is recommended:	Yes
Date of IHAP recommendation:	13/11/2019	Time of IHAP recommendation:	11:46 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details
IHAP referral date/time:	11/11/2019 Time: 16:26 hrs	s47F	
IHAP Meeting date:	12/11/2019 Time: 08:00 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 Transito	ory Person		
□ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
his name listed on the painterest and as the Dr G	The Panel acknowled the was the Area Medical Direction athology and chest x-ray rections.	ector on Christmas Island dur quests. The Panel noted the p	ring 2012/2013 and all arrivals had potential/perceived conflict of outential/perceived continue in the
discussion.			artme n of

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IHAP recommendations						
	All IHAP Panel members agreed that their recommendation was that safety transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:					
•						
Based on the above reasons, the F Australia for treatment.	Panel agreed that	their recommendation is to refuse s47F	transfe	r to		
Actions:						
s47F						
The Panel to be provided with	an update s47F					
Document library reviewed: ABI	Client brief – 3	pages				
1. Clinical Advisory Tean	n (MOC) Opinion	dated 07.11.2019 – 2 pages				
2. Letter from advocate se	– 2 page	s				
Treating Drs referral –						
a. s47F						
b.						
4. Clinical Records						
3471						
		Dr Parbodh Gogna (Meeting Chair)		82		
		Associate Professor Susan Moloney		Affairs Ict 198		
Panel members assessing:		Associate Professor Neeraj Gill		Aff. Act		
		Dr Michael Douglas		45		
		, and the second	Vac	Home ation		
		Is the Minister's refusal confirmed:	Yes	of h		
IHAP Majority recommendation:		Majority (out of total members):	4/7	int (
		Transfer is recommended:	No	tme of		
Date of IHAP				dom dom		
recommendation:	13/11/2019	Time of IHAP recommendation:	13:53 hrs	Depa		
Deemed approval (post 72	Ne	Macking and in property	Ne	by l		
hours)?	No	Meeting audio recorded:	No	ed		

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details
IHAP referral date/time:	11/11/2019 Time: 16:26 hrs	S47F	
IHAP Meeting date:	13/11/2019 Time: 08:00 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 Transito	ory Person		
□ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.
his name listed on the pa	ne was the Area Medical Dir athology and chest x-ray red	quests. The Panel noted the p	ting 2012/2013 and all arrivals had potential/perceived conflict of method by the continue in the own of the continue in the own of the continue in the contin

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IHAP recommendations All IHAP Panel members present a refused. The Panel agreed that the		recommendation was that start trailing to trail trailing	ansfer to Austra	alia be
Based on the above reasons, the F Australia for treatment.	Panel agreed that	t their recommendation is to refuse s47F	transfer	to
Actions: • s47F				
1. Clinical Advisory Team 2. Letter from advocate 3. Treating Drs referral – a. safe 4. Clinical Records safe	n (MOC) Opinion - 3 page	dated 07.11.2019 – 2 pages		
Panel members assessing:		Dr Parbodh Gogna (Meeting Chair) Associate Professor Susan Moloney Associate Professor Neeraj Gill Dr Michael Douglas		Affairs Act 1982
		Is the Minister's refusal confirmed:	Yes	ome tion,
IHAP Majority recommendation:		Majority (out of total members):	4/7	of H orma
		Transfer is recommended:	No	nent if Inf
Date of IHAP recommendation:	13/11/2019	Time of IHAP recommendation:	13:53hrs	partn
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	by De Freed
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	11/11/2019 Time: 16:26 hrs	s47F		
IHAP Meeting date:	13/11/2019 Time: 08:00 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.				
his name listed on the pa	ne was the Area Medical Dir athology and chest x-ray red	quests. The Panel noted the p	. They also ring 2012/2013 and all arrivals had potential/perceived conflict of wed Dr Gogna to continue in the	

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IHAP recommendations					
All IHAP Panel members present a Australia be <u>refused</u> . The Panel ag		recommendation was that ^{s47F} ecommendation was based on the followin	transfer t ng factors:	0	
Based on the above reasons, the F to Australia for treatment.	Panel agreed that	t their recommendation is to refuse s47F		transfer	
Actions:					
• s47F .					
Document library reviewed: ABF	Client brief – 3	pages			
Document library reviewed: ABF Client brief – 3 pages 1. Clinical Advisory Team (MOC) Opinion dated 07.11.2019 – 1 pages 2. Letter from advocate stars – 2 pages 3. Treating Drs referral – a. stars – b. 4. Clinical Records 4. Clinical Records Dr Parbodh Gogna (Meeting Chair) Associate Professor Susan Moloney Associate Professor Neeraj Gill					
		Dr Michael Douglas	1	ome tion	
		Is the Minister's refusal confirmed:	Yes	of Horna	
IHAP Majority recommendation:		Majority (out of total members):	4/7	ent (
		Transfer is recommended:	No	rtme 7 of	
Date of IHAP recommendation:	13/11/2019	Time of IHAP recommendation:	11:46 hrs	r Depai	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	sed by	
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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details
IHAP referral date/time:	11/11/2019 Time: 16:26hrs	s47F	
IHAP Meeting date:	13/11/2019 Time: 08:00 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 Transito	ory Person		
□ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings: Secretariat attending: s22 The Panel note that	(1)(a)(ii)		fairs t 1982
The Panel note that s47F			Home Aff
his name listed on the pa	athology and chest x-ray red	quests. The Panel noted the p	ring 2012/2013 and all arrivals had potential/perceived conflict of wed Dr Gogna to continue in the

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IHAP recommendations				
All IHAP Panel members present a be <u>refused</u> . The Panel agreed tha		ecommendation was that ^{s47F} dation was based on the following factors	transfer to A	Australia
•				
Australia for treatment.	Panel agreed that	their recommendation is to refuse s47F	tra	insfer to
Actions:				
s47F				
Document library reviewed: ABI	F Client brief – 2 p	pages		
Clinical Advisory Tean	n (MOC) Opinion	dated 01.11.2019 – 1 page		
2. Letter from advocate s4	– 2 pages	S		
3. Treating Drs referral –				
a.				
b.				
4. Clinical Records				
		Dr Parbodh Gogna (Meeting Chair)		
Danel members seessing.		Associate Professor Susan Moloney		82
Panel members assessing:		Associate Professor Neeraj Gill		airs 19
		Dr Michael Douglas		Affa Act
		Is the Minister's refusal confirmed:	Yes	ome tion
IHAP Majority recommendation:		Majority (out of total members):	4/7	of H rma
		Transfer is recommended:	No	ent c
Date of IHAP recommendation:	13/11/2019	Time of IHAP recommendation:	13:38 hrs	partm om of
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	by De Freed
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	S47F		
IHAP Meeting date:	9/11/2019 Time: 16:00hrs	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:	No	
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	I that it was not appropriate	to conduct an interview becau	use of risk of harm to the person	
IHAP findings: Secretariat attending: \$22(1)(a)(ii) The Panel noted that \$47F . The game in the content of t			The panel J	
noted s47F			Hom	
The Panel were concerned that start The Panel agreed that			nent of	
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				

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All IHAP Panel members present agreed that their recommendation was that safety transfer to Australia be approved . The Panel agreed that their recommendation was based on the following factors: • safety Based on the above reasons, the Panel agreed that their recommendation is to approve transfer to Australia for treatment.
Based on the above reasons, the Panel agreed that their recommendation is to approve \$47F
Actions:
Transfer s47F to Australia
s47F
The Panel to be informed once transfer has occurred
Document library reviewed: ABF Client brief – 3 pages
1. Clinical Advisory Team (MOC) Opinion dated 05/11/2019 – 2 pages
2. Letter from advocate s47F – 3 pages
3. Treating Drs referral –
s ^{47F} a.
b.
c.
4. Clinical Records
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Department of Department of Inform
Dr Antonio Di Dio (Chair) Panel members assessing: Dr Antonio Di Dio (Chair) Dr Parbodh Gogna
Dr Antonio Di Dio (Chair) Preedom of Inform

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		Dr Michael Douglas	
		Mr Guy Coffey	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	No
		Majority (out of total members):	5/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	13-56
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	s47F		
IHAP Meeting date:	9/11/2019 Time: 16:00hrs	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	
Interview with Transito	ory 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: Secretariat attending: \$22(1)(a)(ii)				
The Panel noted s47F . The Panel noted that			. The Panel noted that	
Hom Home				
The Panel noted that s47F				
The Panel agreed that safe				
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				

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IHAP recommendations		
All IHAP Panel members present agreed that their rebe refused . The Panel agreed that their recommend		ustralia
s47F •		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F tra	nsfer to
Actions:		
s47F ●		
The Panel receive fortnightly reports s47F		
Document library reviewed: ABF Client brief – 3 p	pages	
1. Clinical Advisory Team (MOC) Opinion	dated 5/11/2019 – 2 pages	
2. Letter from advocate 47F – 2 pages	3	
3. Treating Drs referral –		2
a. s47F		rs 98
b. c.		Affair Act 1
4. Clinical Records		ion
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Di Altonio di dio (Chail)		by Fr
Panel members assessing:	Dr Parbodh Gogna	sed
		6 0

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		Professor Brendan Murphy Dr Michael Douglas Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	13:56
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	8/11/2019 Time: 17:45 hrs	s47F		
IHAP Meeting date:	10/11/2019 Time: 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	
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: Secretariat attending: S22 The panel noted S47F The panel also noted S47F			of Home Appendent of Home Appendent of Home Act 1982	
			partment o	

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IHAP recommendations		IHAP recommendations				
All IHAP Panel members present agreed that their recommendation was that start transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:						
The Panel agreed that ^{s47F}						
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F	transfer to)			
Actions:						
s47F -						
-						
-						
Document library reviewed: ABF Client brief – 3 p	20,000					
Clinical Advisory Team (MOC) Opinion	•					
2. Letter from advocate s47F – 2 pages						
3. Treating Drs referral –						
a.						
b.						
4. Clinical Records						
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			irs 198			
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			ne A			
			Home Hation			
	Dr Antonio Di Dio		-			
	Professor Brendan Murphy		Department o <i>edom of Infor</i>			
Panel members assessing:	Associate Professor Susan Moloney (Me	eeting Chair)	artn m o			
	Associate Professor Michael Douglas)eps			
	Mr Guy Coffey		y D			
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	ed b			
			as er t			

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		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	10/11/2019	Time of IHAP recommendation:	2239hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	13/11/2019 Time: 18:18 hrs	s47F		
IHAP Meeting date:	14/11/2019 Time: 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	
Interview with Transito	ry 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: Secretariat attending: \$22(1)(a)(ii) The Panel noted that \$47F Panel noted that \$47F The panel noted that \$47F 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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.				

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Sensitive: Personal

IHAP recommendations		
All IHAP Panel members agreed that the Australia be approved . The Panel agree ** • * • * • * •	eir recommendation was that safet to transfer to the their recommendation was based on the following factors:	70
Based on the above reasons, the Panel transfer to Australia for t	agreed that their recommendation is to approve s47F reatment.	
Actions:		
• Transfer s47F	To Australia s47F	
 The Panel to be notified once s47 s47F 	transferred.	
Document library reviewed: ABF Clie	nt brief – 4 pages	
1. Clinical Advisory Team (MC	OC) Opinion dated 7.11.2019 – 1 page	
2. Letter from advocate §47F	- 2 pages	
Treating Drs referral –		2
a. b. c. d. 4. Clinical Records		Department of Home Affairs edom of Information Act 198
		ed by Departme he <i>Freedom of</i>

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Panel members assessing:		Dr Parbodh Gogna (Chair) Associate Professor Susan Moloney Associate Professor Neeraj Gill Professor Paul Kelly	
		Is the Minister's refusal confirmed:	No
IHAP Majority recommendation:		Majority (out of total members):	4/7
			Yes
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	10:05 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment (Attachment A.1)

Meeting details		Biod	data details	
IHAP referral date/time:	28/09/2019 Time: 13:45 hrs	s47F		
IHAP Meeting date:	30/09//2019 07:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
□ The IHAP determined	that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings:				0.1
Initial meeting: Attende	ed by:			98,
Secretariat attending:				fai 77
Following IHAP docume	nt review s47F	has been diagnos	ed with:	Act
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The Panel found that s47F		
IHAP recommendations		
The Panel recommended that s47F		
Actions:		
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Document library reviewed: ABF Client brief – 3 pages				
1. Clinical Advisory Team (MOC) Opinion dated 20.09.2019 – 2 pages				
2. Letter from s47F		– 2 pages		
3. Treating Drs referral –				
a.				
b.				
4. Clinical Records				
		Dr Antonio Di Dio (Chair)		
		Associate Professor Susan Moloney		
Panel members assessing:		Associate Professor Neeraj Gill		
		Professor Paul Kelly		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	5/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	30/09/2019	Time of IHAP recommendation:	14:26	Q.
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	fairs t 198
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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details
IHAP referral date/time:	13/11/2019 Time: 18:18 hrs	s47F -	
IHAP Meeting date:	14/11/2019 Time: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
 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: Secretariat attending: \$22(1)(a)(ii) The Panel noted \$47F			
The Panel noted that safe The Panel expressed their concerns. The Panel noted that safe The Panel noted that safe 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 Panel noted the potential/perceived conflict of the pathology and chest x-ray requests.			
interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.			

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IHAP recom	mendations ended to the second	
All IHAP Pan	el members agreed that their recommendation was that s47F transfer to	
	approved. The Panel agreed that their recommendation was based on the following factors:	
• s47F		
Based on the	e above reasons, the Panel agreed that their recommendation is to approve	
	ustralia for treatment.	
Actions:		
• Trans	sfer to Australia.	
• Notify	y panel once s47F transferred.	
s47F		
•		
Document li	brary reviewed: ABF Client brief – 4 pages	
1. (Clinical Advisory Team (MOC) Opinion dated 30.10.2019 – 2 pages	
	Letter from advocate s47F — 6 pages	
3. 1	Freating Drs referral –	82
	a. b.	iirs 19
	c.	Affa Act 7
4. (Clinical Records	A
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Panel members assessing:		Dr Parbodh Gogna (Chair) Associate Professor Susan Moloney Associate Professor Neeraj Gill Professor Paul Kelly	
		Is the Minister's refusal confirmed:	No
IHAP Majority recommendation:		Majority (out of total members):	4/7
			Yes
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	10:26 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment (Attachment A.1)

			data details	
IHAP referral date/time:	12/08/2019 Time: 1235 hrs	s47F		
IHAP Meeting date:	13/08/2019 1700 hrs	Treating Doctor's referral received?	Yes	
Reconvened IHAP meeting (if required):	14/08/2019 1715 hrs	Was the Referring Doctor's clinical assessment performed remotely or in person?	Remotely	
		Health Service Provider clinical summary received:	Yes	
Interview with Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☐ The IHAP determined that it was not appropriate to conduct an interview because of risk of harm to the person.				
IHAP findings:				
Initial meeting: Tuesda	y 13 August 2019 at 1700 h	rs attended by 7 IHAP Panel	members.	rs 982
recommendation suppor	ted by all 7 IHAP Panel me	at 1715 hrs attended by 5 IHA mbers).	AP Panel members. (Final	Affairs Act 198
Secretariat attending: s22	(1)(a)(ii)			me on,
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 sat is a relevant transitory person			cab 😓	
s47F				nt of
The treating doctors have put forward the following diagnoses:				ner of In
s47F				d by Departn e <i>Freedom</i> o

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s47F	
The Panel note the report by the Medical Officer of the Commonwealth (MOC).	
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The Panel agreed that s47F	
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The Panel agreed that safe. The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block.	Home Aff
The Panel agreed that safe. The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised that he was the	PHome Aff
The Panel agreed that safe. The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block.	torphation Act
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The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised that he was the Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was referred.	rtment to Phome Aff
The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised that he was the Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was referred.	rtment to Phome Aff
The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised that he was the Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was referred.	partment by Home Affi
The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised that he was the Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was referred.	by Department Specification After Art Freedom of Month Act
The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised that he was the Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was referred.	by Department Specification After Art Freedom of Month Act
The Panel agreed that safe. The Panel agreed that safe. The Panel were uncertain if safe. The Panel noted that Dr Parbodh Gogna's name was listed in the patient's notes on the chest x-ray and block screening results taken when the patient first arrived on Christmas Island. Dr Gogna advised that he was the Medical Director on Christmas Island during 2012/2013 and all arrivals had his name listed on the pathology chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was referred.	by Department Section Aff

<u>IHAP r</u>	ecommendations ecommendations	
All several serverse transfer reason	en IHAP members present agreed that their recommendation is that sate of the second se	wing
1.	s47F	
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	nel agreed that their recommendation that safety above factors.	based
Action	<u>s:</u>	
1.	s47F	
2.	Inform the IHAP Panel, via the Outcomes Tracker, when s47F	
3.	Provide the IHAP Panel with an updated s47F	
Docun	nent library reviewed: ABF Client brief – 3 pages	rs 982
	1. Clinical Advisory Team (MOC) Opinion dated 30.07.2019 – 2 pages	ffai ct 1
	2. Letter from ^{\$47F} – 5 pages	e Aff
	3. Treating Drs referral – 13 pages	mo tio/
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	4. Clinical Records s47F	ner of Ir
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		Dr Parbodh Gogna (Chair)		
		Professor Brendan Murphy		
		Dr Antonio Di Dio		
Panel members assessing:		Associate Professor Susan Moloney		
		Dr Neeraj Gill		
		Dr Michael Douglas		
		Mr Guy Coffey		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	7/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	15/08/2019	Time of IHAP recommendation:	09:30 hrs	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details			
IHAP referral date/time:	13/11/2019 Time: 18:18 hrs	s47F			
IHAP Meeting date:	14/11/2019 Time: 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		
Interview with Transito	ory Person				
□ The IHAP undertook	an interview.				
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of		
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.		
IHAP findings:					
Secretariat attending: s22	(1)(a)(ii)		S S S S S S S S S S		
The Panel noted s47F			iffai ct 1		
s47F the F	Panel recommended s47F		ne A		
The Panel was concerned	ed ^{s47F}	. The Panel als	so noted s47F		
The Panel noted that s47F	The Panel noted that s47F				
his name listed on the pa	athology and chest x-ray red		ring 2012/2013 and all arrivals had potential/perceived conflict of d Dr Gogna to continue in the		

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IHAP recommendations	
All IHAP Panel members agreed that their recommendation was that refused. The Panel agreed that their recommendation was based on the following factors: • *** • *** • *** • *** • *** • *** • * • * • * •	lia be
Based on the above reasons, the Panel agreed that their recommendation is to refuse to Australia for treatment.	transfer
Actions: • \$47F • • • • • • • • • • • • • • • • • • •	
Provide the Panel with an update s47F .	
Document library reviewed: ABF Client brief – 3 pages	
1. Clinical Advisory Team (MOC) Opinion dated 07.11.2019 – 2 pages	
2. Letter from advocate ^{s47F} − 3 pages	
3. Treating Drs referral – a. b. c. d.	n Act 1982
4. Clinical Records s47F	used by Department of Home the Freedom of Information
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		Dr Parbodh Gogna (Chair)	
Panel members assessing:		Associate Professor Susan Moloney	
Taller members assessing.		Associate Professor Neeraj Gill	
		Professor Paul Kelly	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	4/7
		Transfer is recommended:	No
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	10:51 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment (Attachment A.1)

Meeting details		Biodata details		
IHAP referral date/time:	25/09/2019 Time: 1051 hrs	s47F		
IHAP Meeting date:	26/09/2019 1730 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 Transito	ory Person			
□ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.	
IHAP findings:				
Initial meeting: Thursda	ay, 26 September 2019 at 1	730 hrs	\$ 80	
Attended by: Dr Antonio	Di Dio, Dr Parbodh Gogna,	Dr Susan Moloney, A/Prof. N	lichael Douglas, Mr Guy Coffey	
Secretariat attending: s22	(1)(a)(ii)		Ac	
Following IHAP docume	nt review s47F	has been diagnosed with:	ome ion	
\$47F			by Department of Ho	

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The Panel considered the treating doctors' reports and	the MOC opinion s47F .	
The Panel discussed s47F	and noted:	
s47F •		
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The Panel agreed that s47F		
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The Panel noted that s47F	The Panel also noted that s47F	
The Panel agreed that s47F		0
his name listed on the pathology and chest x-ray reques	or on Christmas Island during 2012/2013 and all arrivals hests. The Panel noted the potential/perceived conflict of or on Christmas Island allowed Dr Gogna to continue in the	11
IHAP recommendations	nol	atio
All five IHAP Panel members agreed that their recommon Australia for treatment. The Panel agreed that their recommon australia for treatment.	commandation is based on the following factors:	form
1. ^{\$47F}	The Panel agree s47F	m of In
2. S47F The Panel a	agree that s47F	Freedo
The Panel agree that their recommendation to refuse s4		the.s
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Action	<u>s:</u>						
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4.							
5.							
6.	The Panel be notified via t		cker when ^{s47F} is	transferred	s47F	The	
	Panel also needs to be ad	vised san					
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Docum	nent library reviewed: ABI	·	_				
	 Clinical Advisory Tean Letter from §47F 	n (MOC) Opinion	dated 18.09.2019 – 1 pages				
	 Treating Drs referral – 		- 7 pages				
	s47F a.						
	b.						
	4. Clinical Records						
	s47F						
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			Dr Antonio Di Dio (Choir)			S. 85	
			Dr Antonio Di Dio (Chair)			fail t 1	
Donal	mambara assassing.		Dr Parbodh Gogna	lalanav		Act	
Panei	members assessing:		Associate Professor Susan M	loloney		Home	
			Dr Michael Douglas			Ho	
			Mr Guy Coffey	1		of	L
			Is the Minister's refusal con	firmed:	⁄es	ent Infa	
IHAP N	Majority recommendation:		Majority (out of total member	rs): 5	5/5	artm n of	
			Transfer is recommended:	1	No	Depa edon	
Date o		27/09/2019	Time of IHAP recommendat	ion:	1405 hrs	by [
recom	mendation:	21/00/2010	- Time of it is a recommendat		1 100 1110	d L	
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Deemed approval (post 72 hours)?

No Meeting audio recorded:

No

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FOI reference: FA 20/02/01088 FOI Document #118 **Sensitive: Personal**

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F		
IHAP Meeting date:	15/11/2019 Time: 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:	No	
capability/capacity/logist	an interview. to conduct an interview buics/consent/other barrier.	ut was unable to do this due to e to conduct an interview beca		erson.
IHAP findings: Secretariat attending: S221 The Panel note that S47F	(1)(a)(ii)			Home Affairs lation Act 1982
The Panel note that s47F The Panel note that s47F				y Department of Preedom of Informa

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Sensitive: Personal

IHAP recommendations				
All IHAP Panel members agreed that approved. The Panel agreed that		endation was that ^{s47F} tran ation was based on the following factors:	sfer to Australia	a be
s47F •				
Based on the above reasons, the F to Australia for treatment.	Panel agreed that	their recommendation is to approve s47F		transfer
Actions:				
• Transfer s47F	to Austr	alia for ^{s47F}		
The Panel to be no	otified once s47F	transferred		
Document library reviewed: ABR	Client brief – 2 p	pages		
_		dated 4.11.2019 – 1 page		
2. Letter from advocate s4	.7F	5 pages		
 Treating Drs referral – 				
a.				
b. 4. Clinical Records				
4. Clinical Records s47F				
		Associate Professor Susan Moloney (Ch	nair)	
Panel members assessing:		Professor Paul Kelly		82
Taller members assessing.		Dr Michael Douglas	airs 198	
		Mr Guy Coffey		Affa Act
		Is the Minister's refusal confirmed:	No	ion,
IHAP Majority recommendation:		Majority (out of total members):	4/7	f Ho mat
		Transfer is recommended:	Yes	nt o
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	22:13hrs	artme om of l
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	by Dep Freedo

Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F	
IHAP Meeting date:	15/11/2019 Time: 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:	No
Interview with Transito	ry Person		
☐ The IHAP undertook	an interview.		
-	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
☑ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.
IHAP findings: Secretariat attending: \$220 The Panel noted that \$47F commented on the			e Affairs
The Panel were concern The Panel noted 847F	ed with ^{847F}		nent of Hom
The Panel agreed that s4 The Panel requested s47F			y Departm
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IHAP recommendations		
All IHAP Panel members present agreed that their re Australia be refused . The Panel agreed that their re		to
•		
Based on the above reasons, the Panel agreed that transfer to Australia for treatment.	their recommendation is to refuse s47F	
Actions:		
	447E	
The Panel be provided with an update	ate ^{s4/F}	
Document library reviewed: ABF Client brief – 3 p	pages	
Clinical Advisory Team (MOC) Opinion	dated 7.11.2019 – 2 pages	
2. Letter from advocate ^{§47F} – 3 pages	S	
3. Treating Drs referral –		
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c.		2
d.		rs 98
4. Clinical Records		Affai 4ct 1
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		ent of Home Information
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		epartment of Home
	Associate Professor Susan Moloney (Chair)	De
Panel members assessing:	Professor Paul Kelly	by Fre
	Dr Michael Douglas	ed
		as

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		Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	4/7
		Transfer is recommended:	No
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	22:13hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F		
IHAP Meeting date:	15/11/2019 Time: 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:	No	
Interview with Transito	ory Person			
☐ The IHAP undertook	an interview.			
-	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: \$220 The Panel noted that \$47F		e Panel also notes ^{s47F}		me Affairs ion Act 1982
The panel noted that s47F				partment of Home

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IHAP recommendations				
All IHAP Panel members present agreed that their recommendation was that safety being safety by transfer to Australia be refused . The Panel agreed that their recommendation was based on the following factors:				
The panel noted s47F		but agreed that s47F		
• \$47F				
Based on the above reasons, the Panel agreed that	their recommendation is to refuse			
	stralia for treatment.			
Actions:				
s47F -				
-				
-				
Document library reviewed: ABF Client brief -2μ	pages			
1. Clinical Advisory Team (MOC) Opinion	dated 11.11.2019 – 1 pages			
2. Letter from advocate s47F - 7 pages	3			
Treating Drs referral –			2	
a. satr		\$	198	
b.		3	Act 1	
4. Clinical Records		<	A	
		5	Information	
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		5	m o	
	Associate Professor Susan Moloney	(Chair)	edom of Information Act 1	
	Dr Michael Douglas		(1)	
Panel members assessing:				
Mr Guy Coffey Professor Paul Kelly		the		
	·	- (<u>e</u> e	

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IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/7
		Transfer is recommended:	No
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	22:13hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details Biodata de		data details		
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F		
IHAP Meeting date:	15/11/2019 Time: 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:	No	
Interview with Transito	ory 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:				
Secretariat attending: s22	(1)(a)(ii)			s 382
s47F			fair t 19	
The Panel noted ^{s47F}				ome Af
The Panel noted that s47F		4h - Danal anu 4 4 \$47F		f Ho mat
		, the Panel agreed that ^{s47F}		ent o
This recommendation is in line with the recommendation from the medical Officer of the Commonwealth.			mer of Ir	
s47F				parti
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				d by

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IHAP recommendations					
All IHAP Panel members agreed that			Australia be		
s47F	their recommend	lation was based on the following factors:		_	
	Dawal a a d the at	547F		4 -	
Australia for treatment.	Panei agreed that	t their recommendation is to approve s47F	transf	er to	
Actions:					
	ıstralia ^{s47F}				
The Panel to be notified or		transferred.			
Document library reviewed: AB	F Client brief – 4	pages			
_		on dated 07.08.2019 – 2 pages			
Letter from advocate		, -			
Treating Drs referral	-				
a. s47F					
b.	b.				
4. Clinical Records s47F					
		A		s 382	
		Associate Professor Susan Moloney (Cl	nair)	Affairs Act 198	
Panel members assessing:		Professor Paul Kelly			
		Dr Michael Douglas		dome ation	
		Mr Guy Coffey	T	Ho	
		Is the Minister's refusal confirmed:	No	of	
IHAP Majority recommendation:		Majority (out of total members):	4/7	ent ' <i>Inf</i>	
		Transfer is recommended:	Yes	artm m of	
Date of IHAP	0.0				
recommendation:	15/11/2019	Time of IHAP recommendation:	22:13hrs	De	
Doomod approval (poet 72				DA	
Deemed approval (post 72	No	Meeting audio recorded:	No	ed Je	

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FOI reference: FA 20/02/01088 FOI Document #122 **Sensitive: Personal**

Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		ails Biodata details	
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F			
IHAP Meeting date:	15/11/2019 Time: 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		
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: Secretariat attending: \$22(1)(a)(ii) The Panel note that \$47F			0		
The Panel notes that s47F The Panel note s47F				ment of Home of Information A	
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IHAP recommendations			
All IHAP Panel members agreed that their recomme The Panel agreed that their recommendation was be		Australia be <u>re</u>	efused.
s47F			
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F	transfer	to
Actions:			
The Panel notes that s47F			
The Panel request s47F			
Document library reviewed: ABF Client brief – 3 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 5.11.2019 – 1 page		
2. Letter from advocate 47F – 2 pages	3		
 3. Treating Drs referral – a. s47F b. 			
c.			
4. Clinical Records			
			82
			airs 198
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			D 1
	Associate Professor Susan Moloney (Ch	nair)	don atic
Panel members assessing:	Professor Paul Kelly		nent of Hom f Informatio
· · · · · · · · · · · · · · · · · · ·	Dr Michael Douglas		nt (
	Mr Guy Coffey		me of I
	Is the Minister's refusal confirmed:	Yes	part
IHAP Majority recommendation:	Majority (out of total members):	4/7	y De
	Transfer is recommended:	No	d by
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Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	22:13hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		ils Biodata details	
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F			
IHAP Meeting date:	15/11/2019 Time: 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		
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: Secretariat attending: \$22 Following IHAP docume The panel noted \$47F The panel noted noted \$447F		as been diagnosed with:	rtment of Home Affairs		

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IHAP recommendations All IHAP Panel members agreed that their recomme	andation was that \$47F transfer to Australia	he.		
All IHAP Panel members agreed that their recommendation was that safety transfer to Australia be approved. The Panel agreed that their recommendation was based on the following factors:				
● s47F				
The panel noted that s47F				
	\$47F	•		
Based on the above reasons, the Panel agreed that to Australia for treatment.	their recommendation is to approve the street of the stree	ansfer		
Actions:				
s47F -				
-				
- The Panel to be notified once s47F	is transferred to Australia.			
Document library reviewed: ABF Client brief – 4 p 1. Clinical Advisory Team (MOC) Opinion of				
Letter from advocate s47F - 3 pages				
Treating Drs referral –		CI		
a. s47F		rs 982		
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4. Clinical Records				
		tment of Home of Information		
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		ent Infa		
	Professor Brendan Murphy	Depar edom		
Panel members assessing:	Associate Professor Susan Moloney (Chair)	_ (I)		
	Mr Guy Coffey	d by		
	Professor Paul Kelly	ased er the		
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IHAP Majority recommendation:		Is the Minister's refusal confirmed:	No
		Majority (out of total members):	4/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	22:13hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	Yes

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biod	data details	
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F		
IHAP Meeting date:	15/11/2019 Time: 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	
 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: Secretariat attending: The panel noted that safe The panel also note that The panel noted that safe The panel also noted that The	s47F			artment of Home Affairs m of Information Act 1982

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IHAP recommendations		
All IHAP Panel members agreed that their recommendation was based that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that the panel agree		fused.
s47F		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse transfer	to
Actions:		
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Document library reviewed: ABF Client brief – 2 p	pages	
Clinical Advisory Team (MOC) Opinion		
2. Letter from advocate ^{847F} − 2 pages	S	
3. Treating Drs referral –		
a. b.		22
4. Clinical Records		iirs 198
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	Associate Professor Susan Moloney (Chair)	De
Panel members assessing:	Dr Michael Douglas	by
<u>g</u>	Associate Professor Neeraj Gill	sed
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		Mr Guy Coffey	
		Professor Paul Kelly	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	22:13
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F	
IHAP Meeting date:	15/11/2019 Time: 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
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	was unable to do this due to to conduct an interview becar	lack of use of risk of harm to the person.
IHAP findings: Secretariat attending: \$222 The panel noted \$47F . The panel noted	nel noted ^{s47F}		e Affairs
The panel also noted tha	at ^{s47F}		artment of Hom

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IHAP recommendations			
All IHAP Panel members agreed that their recomme		to Australia be	•
approved . The Panel agreed that their recommenda	ation was based on the following factors:		
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•			
Based on the above reasons, the Panel agreed that	their recommendation is to approve s47F	trai	nsfer to
Australia for treatment.			
Actions:			
s47F -			
-			
-			
- The Panel to be notified once s47F	is transferred to Australia.		
Document library reviewed: ABF Client brief -3μ	pages		
Clinical Advisory Team (MOC) Opinion	dated 7.11.2019 – 2 pages		
2. Letter from advocate s47F – 2 pages	5		
Treating Drs referral – S47F S47F S47F			
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b. 4. Clinical Records			
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			Home nation
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	Associate Professor Susan Moloney (Cl	hair)	ent o Infor
Panel members assessing:	Dr Michael Douglas		mel of //
	Mr Guy Coffey		epartment of dom of Inforr
	Professor Paul Kelly		Depa edon
IIIAD Mainife	Is the Minister's refusal confirmed:	No	oy [
IHAP Majority recommendation:	Majority (out of total members):	4/7	ed k
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		Transfer is recommended:	Yes
Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	2213hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	s47F		
IHAP Meeting date:	16/11/2019 Time: 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
⊠ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the pe	erson.
IHAP findings: Secretariat attending: \$22 The Panel noted that 547F . Th				Act 1982
s47F , the F	Panel also recommended ^{s47}			of Home ormation
	, the Panel	recommend transfer to Austr	alia.	tment of Inf

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IHAP recommendations	<u>i</u>				
All IHAP Panel members				sfer to Australi	a be
s47F	reed that their	recommena	ation was based on the following factors:		
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•					
Based on the above reast to Australia for treatment.		l agreed that	their recommendation is to approve s47F		transfer
Actions:					
• Transfer	s47F	to Austra	ılia ^{s47F}		
The Pane	el to be notified	d once s47F	transferred.		
Document library review	ved: ABF Clie	ent brief – 3	pages		
 Clinical Advis 	ory Team (MC	OC) Opinion	dated 09.11.2019 – 1 page		
2. Letter from a	dvocate s47F	– 2 page	S		
3. Treating Drs	referral –				
a. s47F b.					
D.					
4. Clinical Reco	rds				
s47F					
					32
					irs 198
			Dr Antonio Di Dio		Affa 4ct
			Professor Paul Kelly		
Panel members assessi	ing:		Associate Professor Susan Moloney (Cl	nair)	of Home
			Dr Michael Douglas		f H
			Mr Guy Coffey		nt o
			Is the Minister's refusal confirmed:	No	tmer of Ir
IHAP Majority recomme	ndation:		Majority (out of total members):	5/7	part
			Transfer is recommended:	Yes	/ De
Date of IHAP recommendation:	16/	11/2019	Time of IHAP recommendation:	1127hrs	ed by
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Deemed approval (post 72 hours)?

No Meeting audio recorded:

No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	\$47F	
IHAP Meeting date:	16/11/2019 Time: 08:00 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 Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
⊠ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings: Secretariat attending: \$220 The Panel noted that \$475		noted that ^{s47F}	Affairs Act 1982
The Panel noted that s47F			Home
note that ^{s47F}			The Panel
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IHAP recommendations			
All IHAP Panel members agreed that their recomme refused. The Panel agreed that their recommendati		nsfer to Austra	alia be
s47F •	on was based on the following factors.		
Based on the above reasons, the Panel agreed that to Australia for treatment.	their recommendation is to refuse s47F		transfer
Actions: • The Panel request s47F			
Document library reviewed: ABF Client brief – 4 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 06.11.2019 – 2 pages		
2. Letter from advocate s47F – 3 pages	5		
3. Treating Drs referral –			
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4. Clinical Records			
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	Dr Antonio Di Dio		ent d
	Professor Paul Kelly		me of l
Panel members assessing:	Associate Professor Susan Moloney (C	hair)	Department edom of Info
	Dr Michael Douglas)ep
	Mr Guy Coffey		Jy D
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	ed b
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		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	1127hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	s47F		
IHAP Meeting date:	16/11/2019 Time: 08:00 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 Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	that it was not appropriate	to conduct an interview beca	use of risk of harm to the pe	erson.
IHAP findings: Secretariat attending: \$220 The Panel considered \$47		oted that ^{s47F}		e Affairs n Act 1982
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The Panel agreed that s4	7F			tment of Info
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		and 'personal information' as and can only be used for purp		leased

1958 or Australian Citizenship Act 2007, and can only be used for purposes under these Acts.

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IHAP recommendations			
All IHAP Panel members present agreed that their resembles		Australia	
be <u>approved</u> . The Panel agreed that their recomme	endation was based on the following factors:		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to approve s47F	transfer to	
Actions:			
• Transfer s47F to Australia	ā ^{\$47F}		
Document library reviewed: ABF Client brief – 3 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 30.10.2019 – pages		
2. Letter from advocate 47F – 2 pages	5		
3. s47F			
4. Treating Drs referral –			
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	Dr Antonio Di Dio	_ 0	
Panel members assessing:	Professor Paul Kelly	d by	
	Associate Professor Susan Moloney (Chair)	sed	
		e a	

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		Dr Michael Douglas Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	5/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	1127hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetir	g details	Biodata details	
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	s47F	
IHAP Meeting date:	16/11/2019 Time: 08:00 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 Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but tics/consent/other barrier.	was unable to do this due to	lack of
☑ The IHAP determined	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.
IHAP findings: Secretariat attending: S22 The Panel discussed the	e treating doctors reports an	d ^{s47F}	Affairs Aft 1982
s47F , the I	Panel recommended s47F		. The Panel note that
s47F	the panel reco	ommend transfer to Australia	spartment of som of Information

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IHAP recommendations All IHAP Panel members agreed that their recomme be approved. The Panel agreed that their recomme		transfer to Au s:	stralia
s47F			
Based on the above reasons, the Panel agreed that transfer to Australia for treatment.	their recommendation is to approve s47F		
Actions:			
Transfer s47F to Australia	a s47F		
The panel to be notified once s47F to be notified once s47F	ransferred.		
Document library reviewed: ABF Client brief – 3 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 08.11.2019 – 1 page		
2. Letter from advocate 47F – 3 pages	3		
3. Treating Drs referral –			_
a. SHIF			
4. Clinical Records			
			Affairs Act 1982
	Dr Antonio Di Dio		tment of Home of Information
	Professor Paul Kelly		Hc
Panel members assessing:	Associate Professor Susan Moloney (Ch	air)	ent of Ho Informati
	Dr Michael Douglas		nen of In
	Mr Guy Coffey		A comment
	Is the Minister's refusal confirmed:	Yes/No	Depail edom
IHAP Majority recommendation:	Majority (out of total members):	5/7	by [Fre
	Transfer is recommended:	Yes	sed

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Page 2 of 3

Sensitive: Personal

Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	1127hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	S47F		
IHAP Meeting date:	16/11/2019 Time: 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview becau	use of risk of harm to the pe	erson.
IHAP findings:				82
Secretariat attending: s22	(1)(a)(ii)			airs 19
The Panel note that s47F		lome Affa		
s47F				ent of H
	Panel recommend ^{s47F}		. The Panel further	
recommend s47F				by De

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IHAP recommendations				
All IHAP Panel members agreed that their recommendation was that safety transfer to Australia be				
<u>refused</u> . The Panel agreed that their recommendati	on was based on the following factors:			
•				
•				
Based on the above reasons, the Panel agreed that	their recommendation is to refuse	transt	er to	
Australia for treatment.	. their recommendation is to refuse	uansi	כו נט	
Actions:				
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Falls of the control	1 S47F			
Full report to be provided to the Par	nel ****			
Document library reviewed: ABF Client brief -2	pages			
1. Clinical Advisory Team (MOC) Opinion	dated 04.11.2019 – 2 pages			
2. Letter to Minister - Notice of Submission – 8 pages				
3. s47F				
4 Clinical Page-1-				
4. Clinical Records s47F			8	
			air.	
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	Dr Antonio Di Dio		f Hor matie	
	Professor Paul Kelly		7 4	
Panel members assessing:	Associate Professor Susan Moloney (Ch	nair)	ent o	
	Dr Michael Douglas		tment of Info	
	Mr Guy Coffey		part	
	Is the Minister's refusal confirmed:	Yes	Del	
			oy [Fre	
IHAP Majority recommendation:	Majority (out of total members):	5/7	d k	
	Transfer is recommended:	No	ase r th	
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Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	1127hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	s47F		
IHAP Meeting date:	16/11/2019 Time: 08:00 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 Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the po	erson.
IHAP findings: Secretariat attending: 8220 The Panel noted that 847F				Affairs 4 <i>ct 1</i> 982
The Panel noted that s47F				me on/
The Panel noted that s47F The Panel noted that s47F	. The Panel	agreed that s47F	·	rtment of H or of Information

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IHAP recommendations		
All IHAP Panel members agreed that their recomme refused. The Panel agreed that their recommendation		transfer to Australia be
• s47F		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse ^s	transfer to
Actions:		
1. s47F		
2.		
3.		
Document library reviewed: ABF Client brief – 2	nages	
Clinical Advisory Team (MOC) Opinion	· -	
2. Letter from advocate s47F – 2 pages		
3. Treating Drs referral –		
s ^{47F} a.		ST 98%
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4. Clinical Records		
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Panel members assessing:	Dr Antonio Di Dio	ed b
Tailet illetilbers assessing.	Professor Paul Kelly	eleased
	•	ele

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		Associate Professor Susan Moloney (Chair)	
		Dr Michael Douglas	
		Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	5/7
		Transfer is recommended:	No
Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	11:25
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details		
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	s47F		
IHAP Meeting date:	16/11/2019 Time: 08:00 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 Transito				
 ☐ 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:				
Secretariat attending: S22 The Panel noted that S47F			. The Panel noted that s47F	
The Panel noted that safe Panel noted safe			Homes ation	
The Panel noted that s47F			rtment of Inform	

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IHAP recommendations				
All IHAP Panel members agreed that their recommendation was that safety transfer to Australia be approved. The Panel agreed that their recommendation was based on the following factors:				
s ^{47F}	anon was based on the following factors.			
•				
Based on the above reasons, the Panel agreed that	their recommendation is to approve s47F	transfer		
to Australia for treatment.				
Actions:				
1. s47F be transferred to Australia	a ^{s47F}			
Document library reviewed: ABF Client brief – 3 p	pages			
1. Clinical Advisory Team (MOC) Opinion	dated 04.11.2019 – 1 page			
2. Notice of 'relevant transitory person' und	der s198E (25.10.19)			
3. Treating Drs referral –		2		
a. b.		iirs 198		
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4. Clinical Records				
		tment of Home of Information		
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		Department of Home edom of Information		
	Dr Antonio Di Dio	_ 0		
Panel members assessing:	Professor Paul Kelly	d by		
	Associate Professor Susan Moloney (Chair)	sed		
		8 5		

Sensitive: Personal

		Dr Michael Douglas	
		Mr Guy Coffey	
		Is the Minister's refusal confirmed:	No
IHAP Majority recommendation:		Majority (out of total members):	5/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	11:25
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
14/11/2019 Time: 12:00 hrs	s47F			
16/11/2019 Time: 08:00 hrs	Treating Doctor's referral received?	Yes		
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. 				
			artment of Home Affairs on of Information Act 1982	
	14/11/2019 Time: 12:00 hrs 16/11/2019 Time: 08:00 hrs N/A N/A an interview. to conduct an interview but ics/consent/other barrier.	14/11/2019 Time: 12:00 hrs Treating Doctor's referral received? N/A Was the Referring Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary received: Treating Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary received: Treating Doctor's clinical assessment performed assessment performed remotely or in person? Health Service Provider clinical summary received:	14/11/2019 Time: 12:00 hrs Treating Doctor's referral received? N/A Was the Referring Doctor's clinical assessment performed remotely or in person? Health Service Provider clinical summary received: Yes Yes Yes An interview. to conduct an interview but was unable to do this due to lack of ics/consent/other barrier. It that it was not appropriate to conduct an interview because of risk of harm to the process of the property of the process of t	

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IHAP recommendations				
All IHAP Panel members agreed that their recommendation was that start transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:				
s47F	on was based on the following it	201010.		
•				
Based on the above reasons, the Panel agreed that	their recommendation is to refus	se sarr trans	fer to	
Australia for treatment.				
Actions:				
1.				
2.				
3.				
Document library reviewed: ABF Client brief – 3 p	pages			
Clinical Advisory Team (MOC) Opinion	· -			
2. Letter from advocate s47F – 2 pages	5			
 Treating Drs referral – a. 			82	
b. c.			airs 19	
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4. Clinical Records			ion	
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Panel members assessing:	Dr Antonio Di Dio		sed k	
g.	Professor Paul Kelly		0 =	
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		Associate Professor Susan Moloney (Chair)	
		Dr Michael Douglas	
		Mr Guy Coffey	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	5/4
		Transfer is recommended:	No
Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	11:25
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details Bioda		Biodata details	
IHAP referral date/time:	14/11/2019 Time: 12:00 hrs	s47F		
IHAP Meeting date:	16/11/2019 Time: 08:00 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: Secretariat attending: S22 The Panel noted that S47F The Panel noted that . The Panel n The Panel noted that S47F The Panel noted that S47F The Panel agreed that S4	oted that ^{s47F}			epartment of Home Affairs dom of Information Act 1982
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IHAP recommendations			
All IHAP Panel members agreed that their recomme		transfer to A	ustralia
be <u>refused</u> . The Panel agreed that their recommend	dation was based on the following factors:		
•			
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•			
Based on the above reasons, the Panel agreed that transfer to Australia for treatment.	their recommendation is to refuse s47F		
Actions:			
1. s47F			
2.			
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5 .			
4.			
Document library reviewed: ABF Client brief – 3 p	Dages		
Clinical Advisory Team (MOC) Opinion			
2. Letter from advocate s47F – 2 pages	S		
3. Treating Drs referral –			0.1
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	Professor Paul Kelly		tr C
	Associate Professor Susan Moloney (Ch	air)	Departi eedom
Panel members assessing:	Dr Michael Douglas	~··· <i>)</i>	(1)
	Mr Guy Coffey		by Fr
		.,	eleased nder the
IHAP Majority recommendation:	Is the Minister's refusal confirmed:	Yes	eas
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		Majority (out of total members):	4/7
		Transfer is recommended:	No
Date of IHAP recommendation:	16/11/2019	Time of IHAP recommendation:	11:25
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	15/11/2019 Time: 15:45 hrs	s47F	
IHAP Meeting date:	17/11/2019 Time: 16:00 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: Secretariat attending: \$220 Following IHAP docume The panel noted \$47F . They note \$47F		has been diagnosed with	ome Affairs
his name listed on the pa	athology and chest x-ray re	quests. The Panel noted the p	ing 2012/2013 and all arrivals had obtential/perceived conflict of wed Dr Gogna to continue in the

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IHAP recommendations All IHAP Panel members present agreed that their recommendation was that safety transfer to Australia be refused. The Panel agreed that their recommendation was based on the following factors:			
• s47F			
Based on the above reasons, the Panel agreed that transfer to Australia for trea			
Actions:			
s47F -			
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Document library reviewed: ABF Client brief – 3 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 12.11.2019 – 2 pages		
2. Letter from advocate s47F – 2 pages	5		
3. Treating Drs referral –		O.	
a. s47F		98%	
b.		fail	
4. Clinical Records		Act	
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		epartment of Home Affa	
	Dr Antonio Di Dio	De	
Panel members assessing:	Dr Parbodh Gogna	by Fr	
	Professor Brendan Murphy	sed	
		leas	

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		Associate Professor Susan Moloney (Chair) Associate Professor Neeraj Gill Dr Michael Douglas	
		Is the Minister's refusal confirmed:	Yes
IHAP Majority recommendation:		Majority (out of total members):	6/7
		Transfer is recommended:	No
Date of IHAP recommendation:	17/11/2019	Time of IHAP recommendation:	19:07pm
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	14/11/2019 Time: 09:45 hrs	s47F	
IHAP Meeting date:	15/11/2019 Time: 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:	No
Interview with Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview becau	use of risk of harm to the person.
IHAP findings:			
Secretariat attending: s22	(1)(a)(ii)		S 88.
Following IHAP docume	nt review ^{s47F}	has been diagnosed with:	iffai ct 1
The panel noted ^{s47F} panel also noted			. The∀
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The panel also noted s47F			tof
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IHAP recommendations All IHAP Panel members agreed that their recommendation was that safety transfer to Australia be approved. The Panel agreed that their recommendation was based on the following factors:				
·	ation was based on the following factors.			
◆ s47F				
Based on the above reasons, the Panel agreed that	t their recommendation is to approve s47F			
transfer to Australia for treatment.				
Actions:				
\$47F				
- The Panel to be notified once s47F	is transferred to Australia.			
- The Faher to be notified office	is transferred to Australia.			
Document library reviewed: ABF Client brief – 3	pages			
Clinical Advisory Team (MOC) Opinion	on dated 31 OCT 2019 – 2 pages			
2. Letter from advocate s47F – 2 pag	ges			
3. Treating Drs referral –				
s ^{47F} a.				
b.				
4. Clinical Records				
s47F			0.1	
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	Associate Professor Susan Moloney (C	hair)	Hor	
	Dr Michael Douglas		of l	
Panel members assessing:	Mr Guy Coffey		nent f Info	
	Professor Paul Kelly		me of I	
	Is the Minister's refusal confirmed:	No	part	
IHAP Majority recommendation:	Majority (out of total members):	4/7	/ De	
	Transfer is recommended:	Yes	d by	
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Date of IHAP recommendation:	15/11/2019	Time of IHAP recommendation:	22:13hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details	
IHAP referral date/time:	15/11/2019 Time: 15:45 hrs	S47F	
IHAP Meeting date:	17/11/2019 Time: 16:00 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 Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
⊠ The IHAP determined	I that it was not appropriate	to conduct an interview becau	use of risk of harm to the person.
IHAP findings:			2
Secretariat attending: s222	(1)(a)(ii)		irs 198
The Panel note that s47F			Affa
The Panel note that s47F . The Panel reco	ommend ^{s47F}		of Home
his name listed on the pa	athology and chest x-ray re	quests. The Panel noted the p	ring 2012/2013 and all arrivals had potential/perceived conflict of wed Dr Gogna to continue in the
			Do

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IHAP recommendations				
All IHAP Panel members agreed that their recommendation was that safety before transfer to Australia be refused . The Panel agreed that their recommendation was based on the following factors:				
• \$47F				
Based on the above reasons, the Panel agreed that safet to Australia for t				
Actions:				
• s47F				
The Panel to be provided with a s47F	report s47F			
The Panel to be provided with a safe.	report as soon as possible and no later	than one week	s47F	
Document library reviewed: ABF Client brief – 2 p	pages			
Clinical Advisory Team (MOC) Opinion	dated 11.11.2019 – 1 page			
2. Letter from advocate s47F – 2 pages	S			
Treating Drs referral –				
a.				
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4. Clinical Records				
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			irs 198	
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	Dr Antonio Di Dio		of Hom	
	Dr Parbodh Gogna		f H	
Panel members assessing:	Professor Brendan Murphy			
Panel members assessing:	Associate Professor Susan Moloney (Ch	nair)	f Inf	
	Associate Professor Neeraj Gill		rtm 7 of	
	Dr Michael Douglas		epartment dom of Info	
	Is the Minister's refusal confirmed:	Yes	y De	
IHAP Majority recommendation:	Majority (out of total members):	6/7	ed b	
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		Transfer is recommended:	No
Date of IHAP recommendation:	17/11/2019	Time of IHAP recommendation:	19:07pm
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	15/11/2019 Time: 15:45 hrs	s47F		
IHAP Meeting date:	17/11/2019 Time: 16:00 hrs	Treating Doctor's referral received?	Yes/No	
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/No	
Interview with Transito	ry Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
⊠ The IHAP determined	I that it was not appropriate	to conduct an interview becau	use of risk of harm to the p	erson.
IHAP findings:				32
Secretariat attending: s22	(1)(a)(ii)			iirs 198
The panel noted s47F . They noted that	t ^{847F} .			Affa Act
The panel also noted s47F				Home
The panel also noted that \$47F				of
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue in the discussion.				

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IHAP recommendations		
All IHAP Panel members agreed that their recommendation of the Panel agreed that the Panel agr		oe
The panel noted that s47F		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse s47F trans	nsfer to
Actions:		
s47F - -		
Document library reviewed: ABF Client brief – 2 p	pages	
1. Clinical Advisory Team (MOC) Opinion	dated 11.11.2019 – 1 page	
2. Letter from advocate 47F – 2 pages	S	
Treating Drs referral –		2
a. b.		fairs t 198
4. Clinical Records		Affa Act 1
s47F		Department of Home edom of Information
	Dr Antonio Di Dio	
Panel members assessing:	Dr Antonio Di Dio Dr Parbodh Gogna	sed by the Fr
		(D)

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		Professor Brendan Murphy		
		Associate Professor Susan Moloney (Chair)		
		Associate Professor Neeraj Gill		
		Dr Michael Douglas		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	6/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	17/11/2019	Time of IHAP recommendation:	19:07pm	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	15/11/2019 Time: 15:45 hrs	s47F	
IHAP Meeting date:	17/11/2019 Time: 16:00 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 Transito	ory Person		
□ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
⊠ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings:			
Secretariat attending: s22	(1)(a)(ii)		882
The panel noted that s47F	·	They noted that s47F	lome Affair
The panel also noted that	at ^{s47F}		of H
his name listed on the pa	athology and chest x-ray red	quests. The Panel noted the p	ing 2012/2013 and all arrivals had potential/perceived conflict of wed Dr Gogna to continue in the

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IHAP recommendations		
All IHAP Panel members agreed that their recomme The Panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that their recommendation was based to the panel agreed that the panel agreed the panel agreed that the panel agreed the panel agreed that the panel agreed that the panel agreed that the panel agreed the panel agreed that the panel agreed that the panel agreed the panel agreed the panel agreed the panel agreed that the panel agreed the panel agreed the panel agreed the panel agreed that the panel agreed the pane		ralia be <u>refused</u> .
The panel noted that ^{s47F}		
The panel also noted that s47F		
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to refuse \$47F	transfer to
Actions:		
s47F -		
<u>.</u>		
-		
Document library reviewed: ABF Client brief – 3 p	pages	
1. Clinical Advisory Team (MOC) Opinion	dated 08.11.2019 – 2 pages	
2. Letter from advocate s47F – 3 pages	S	
3. Treating Drs referral –		82
a.		airs 19
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4. Clinical Records		me on
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		Department of Home edom of Information
	Dr Antonio Di Dio	by E
Panel members assessing:	Dr Parbodh Gogna	ed k
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		Professor Brendan Murphy		
		Associate Professor Susan Moloney (Chair)		
		Associate Professor Neeraj Gill		
		Dr Michael Douglas		
		Is the Minister's refusal confirmed:	Yes	
IHAP Majority recommendation:		Majority (out of total members):	6/7	
		Transfer is recommended:	No	
Date of IHAP recommendation:	17/11/2019	Time of IHAP recommendation:	19:07pm	
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	22/11/2019 Time: 15:20 hrs	s47F	
IHAP Meeting date:	23/11/2019 Time: 16:00 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
capability/capacity/logist	an interview. to conduct an interview but ics/consent/other barrier.	was unable to do this due to to conduct an interview beca	lack of use of risk of harm to the person.
IHAP findings: Secretariat attending: \$22		_	airs 1982
The Panel noted that s47F S47F S47F			
Dr Gogna advised that he was the Area Medical Director on Christmas Island during 2012/2013 and all arrivals has his name listed on the pathology and chest x-ray requests. The Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.			

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IHAP recommendations			
All IHAP Panel members present agreed that their r to Australia be <u>refused</u> . The Panel agreed that their • s47F			transfer
Based on the above reasons, the Panel agreed that transfer to Australia for treatment.	their recommendation is to refuse s47F		
Actions: S47F			
Document library reviewed: ABF Client brief – 2 p	pages		
1. Clinical Advisory Team (MOC) Opinion	dated 12.11.2019 – xx pages		
2. Letter from advocate s47F – 2 pages	S		
3. Treating Drs referral –a.b.			
Clinical Records			82
s47F			me Affairs on Act 198
	Dr Antonio Di Dio (Chair)		of Hor
Danel members accessing	Professor Brendan Murphy		0 0
Panel members assessing:	Associate Professor Susan Moloney		nent c if Infol
	Associate Professor Neeraj Gill		rtm 7 of
	Is the Minister's refusal confirmed:	Yes	epa
IHAP Majority recommendation: Majority (out of total members): 4/7			oy D Free
	Transfer is recommended:	No	sed t
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Date of IHAP recommendation:	24/11/2019	Time of IHAP recommendation:	08:41
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	18/11//2019 Time: 16:53 hrs	\$47F	
IHAP Meeting date:	20/11/2019 Time: 08:00 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:	No
Interview with Transito	ory Person		
□ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.
IHAP findings:			
Secretariat attending: s22	(1)(a)(ii)		S 8
The Panel considered the Panel noted that s47F	The Panel considered the case and noted the recommendation from the Medical Officer of the Commonweal the The Panel noted that safe		
s47F			ome
The Panel discussed safe The Panel agreed that safe The Panel agreed that safe The Panel agreed that safe safe safe safe safe safe safe safe			
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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.			

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IHAP recommendations All IHAP Panel members agreed that their recommendation was that safety transfer to Australia be approved. The Panel agreed that their recommendation was based on the following factors:				
s47F	was based on the following factors.			
s47F	the Panel recommend transfer to	Australia F S47		
Based on the above reasons, the Panel agree Australia for treatment.	ed that their recommendation is to approve s47F tra	ansfer to		
Actions:				
● \$47F				
• s47F to be transferred to A	Australia ^{s47F}			
The Panel to be notified once	e s47F transferred.			
Document library reviewed: ABF Client brid	ef – 5 pages			
1. Clinical Advisory Team (MOC) O	pinion dated 1.11.2019 – 1 page			
2. Letter from advocate s47F – 2	2 pages			
 Treating Drs referral – 				
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4. Clinical Records		S		
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	Dr Antonio Di Dio (Chair)	artır		
	Dr Parbodh Gogna	Department edom of Inf		
Panel members assessing:	Associate Professor Susan Moloney	by E		
	Associate Professor Neeraj Gill			
	Dr Michael Douglas	0 =		
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IHAP Majority recommendation:		Is the Minister's refusal confirmed:	No
		Majority (out of total members):	5/7
		Transfer is recommended:	Yes
Date of IHAP recommendation:	21/11/2019	Time of IHAP recommendation:	10:00 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	25/11/2019 Time: 14:20 hrs	s47F	
IHAP Meeting date:	27/11/2019 Time: 07:00 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 Transito	ory Person		
☐ The IHAP undertook	an interview.		
·	to conduct an interview but tics/consent/other barrier.	was unable to do this due to	lack of
	d that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.
IHAP findings: Secretariat attending: \$22 The panel noted \$47F	t(1)(a)(ii)	The pa	me Affairs on Act 1982
The panel noted that s47F		panel noted that ^{s47F} . The panel noted that ^{s47F}	The panel also note Hor of Hormatic

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IHAP recommendations	
All IHAP Panel members present agreed that their recommendation was that started transfer to A be refused . The Panel agreed that their recommendation was based on the following factors:	Australia
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The panel agrees that these items of addressed in Port Moresby.	can be
·	ansfer to
Actions:	
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December 4 library reviewed: ARE Olivet brief. 2 years	
Document library reviewed: ABF Client brief – 3 pages	
 Clinical Advisory Team (MOC) Opinion dated 20.11.2019 – xx pages Letter from advocate s^{47F} – 2 pages 	
	82
3. Treating Drs referral –	airs 198
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Panel members assessing:		Dr Antonio Di Dio (Chair) Associate Professor Susan Moloney Associate Professor Neeraj Gill Mr Guy Coffey	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/7
			No
Date of IHAP recommendation:	27/11/2019	Time of IHAP recommendation:	13:50pm
Deemed approval (post 72 hours)?		Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details	
IHAP referral date/time:	27/11/2019 Time: 10:00 hrs	s47F	
IHAP Meeting date:	29/11/2019 Time: 0700 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 Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings:			0.1
Secretariat attending: s22	(1)(a)(ii)		S 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
The panel noted s47F			Affail Act 7
	The panel also noted s47F		me on ,
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The panel noted s47F			0 0
		The panel agreed	I that sale
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IHAP recommendations	
<u>refused</u> . The Panel agreed that their recommendation was based on the following factors:	Australia be
\$47F •	
Based on the above reasons, the Panel agreed that their recommendation is to refuse start transfer and the start of the st	ansfer to
Actions:	
s47F - -	
Document library reviewed: ABF Client brief – 4 pages	
1. Clinical Advisory Team (MOC) Opinion dated 12.11.2019 – 2 pages	
2. Letter from advocate \$47F — 2 pages	22
3. Treating Drs referral – a. s47F	Affairs Act 198
b.	4.
4. Clinical Records	om tio/
s47F	by Department of Home Freedom of Information
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Panel members assessing:		Dr Antonio Di Dio Associate Professor Susan Moloney (Chair) Associate Professor Neeraj Gill Mr Guy Coffey	
IHAP Majority recommendation:		Is the Minister's refusal confirmed:	Yes
		Majority (out of total members):	4/7
			No
Date of IHAP recommendation:	29/11/2019	Time of IHAP recommendation:	08:00 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details	
IHAP referral date/time:	02/12/2019 Time: 16:20 hrs	s47F		
IHAP Meeting date:	04/12/2019 Time: 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	
Interview with Transito	ory Person			
☐ The IHAP undertook	an interview.			
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of	
☑ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.	
IHAP findings: Secretariat attending: \$22			irs 1982	
The Panel considered s47	7F		If a ct 1	
The Panel noted s47F			n A	
The Panel noted s47F s47F		. The panel note that ^{s47F}	. The Panel note the	
The Panel do not have o		nd transfer to Australia for med	dical treatment.	
. For this reason, the Panel recommend transfer to Australia for medical treatment. 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 Panel noted the potential/perceived conflict of interest and as the Dr Gogna was not the treating doctor on Christmas Island allowed Dr Gogna to continue discussion.				

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IHAP recommendations		HAP recommendations				
All IHAP Panel members present agreed that their recommendation was that sate transfer to Australia be approved. The Panel agreed that their recommendation was based on the following factors:						
• s47F		-				
Based on the above reasons, the Australia for treatment.	Panel agreed tha	t their recommendation is to approve s47F	transfe	r to		
Actions:						
• should be trans	sferred to Australia	a for medical treatment; and				
The Panel be notified onc	e this has occurre	ed.				
Document library reviewed: AB	F Client brief – 3	pages				
 Clinical Advisory Tear 	m (MOC) Opinion	dated 22.11.2019 – 2 pages				
2. Letter from advocate s	– 2 page	s				
3. Treating Drs referral -	_					
a.						
b.						
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4. Clinical Records			_			
s47F						
				82		
				airs 198		
		Dr Parbodh Gogna (Chair)		Affa Act		
		Associate Professor Neeraj Gill		ne no		
Panel members assessing:		Dr Michael Douglas		Hom ation		
		Mr Guy Coffey		of h		
			<u> </u>	nt o		
		Is the Minister's refusal confirmed:	No	mel of II		
IHAP Majority recommendation:	:	Majority (out of total members):	4/7	parti		
		Transfer is recommended:	Yes	De De		
Date of IHAP	4/12/2019	Time of IHAP recommendation:	1912hrs	d by e Fr		
recommendation:				the		
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Deemed approval (post 72 hours)?

No Meeting audio recorded:

No

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biodata details	
IHAP referral date/time:	02/12/2019 Time: 16:20 hrs	s47F	
IHAP Meeting date:	04/12/2019 Time: 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
Interview with Transito	ry Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview builties/consent/other barrier.	t was unable to do this due to	lack of
□ The IHAP determined	I that it was not appropriate	to conduct an interview beca	use of risk of harm to the person.
IHAP findings: Secretariat attending: 822	(1)(a)(ii)		rs 982
s47F			ne Affai
The Panel agree that s47F	:		Hon
s47F			of
		th	e Panel agree that sale
his name listed on the pa	athology and chest x-ray re	quests. The Panel noted the բ	ring 2012/2013 and all arrivals had potential/perceived conflict of owed Dr Gogna to continue in the

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IHAP recommendations				
All IHAP Panel members present a	agreed that their r	recommendation was that ^{s47F} tra	ansfer to Austra	alia be
		lation was based on the following factors:		
s47F				
Based on the above reasons, the I Australia for treatment.	Panel agreed that	t their recommendation is to approve ^{s47F}	transi	fer to
Actions:				
be transferred	to Australia s47F			
The Panel be notified once	e transfer has occ	curred.		
Document library reviewed: ABI	F Client brief – 3	pages		
Clinical Advisory Tean	n (MOC) Opinion	dated 12.11.2019 – 2 pages		
2. Letter from advocate ^s	– 6 page	s		
3. Treating Drs referral –				
a. in				
b.				
4. Clinical Records				
		Dr Parbodh Gogna (Chair)		s 382
		Associate Professor Neeraj Gill		Affair:
Panel members assessing:		Dr Michael Douglas		
		Mr Guy Coffey		ome tion ,
		Is the Minister's refusal confirmed:	No	of Hc rmat
IHAP Majority recommendation:		Majority (out of total members):	4/7	ent c
		Transfer is recommended:	Yes	rtm 7 of
Date of IHAP recommendation:	4/12/2019	Time of IHAP recommendation:	1912hrs	Depa reedon
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No	ed by

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Independent Health Advice Panel

Clinical Assessment

Meetin	g details	Biod	data details
IHAP referral date/time:	28/11/2019 Time: 10:21 hrs	s47F	
IHAP Meeting date:	29/11/2019 Time: 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:	No
Interview with Transito	ory Person		
☐ The IHAP undertook	an interview.		
	to conduct an interview but ics/consent/other barrier.	was unable to do this due to	lack of
☑ The IHAP determined	I that it was not appropriate	to conduct an interview becar	use of risk of harm to the person.
IHAP findings: Secretariat attending: S22 The Panel noted S47F Officer of the Commonw The Panel expressed co The Panel note S47F The Panel note that S47F	the notes		ment of Home was a second state of Home recommendation of the Medical second state of the second sec
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IHAP recommendations All IHAP Panel members present agreed that their recommendation was that safety transfer to Australia be					
 approved. The Panel agreed that their recommendates agreed their recommendate	auon was based on the following factors.				
Based on the above reasons, the Panel agreed that Australia for treatment.	their recommendation is to approve s47F	i i	ransfer to		
Actions: • s47F be transferred to Australia	s47F				
The Panel be informed once this tra	ansfer is complete.				
1. Clinical Advisory Team (MOC) Opinion 2. Letter from advocate s47F — 3 pages 3. Treating Drs referral — a. b. 4. Clinical Records s47F	dated 19.11.2019 – 1 pages		me Affairs on Act 1982		
Panel members assessing:	Dr Antonio Di Dio (Chair) Professor Brendan Murphy Associate Professor Neeraj Gill Mr Guy Coffey		ment of Hom of Informatio		
IHAP Majority recommendation:	Is the Minister's refusal confirmed: Majority (out of total members):	No 4/7	Depart edom		
Tiral majority recommendation.	Transfer is recommended:	Yes	ed by [

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Date of IHAP recommendation:	30/11/2019	Time of IHAP recommendation:	11:41am
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meeting details		Biodata details		
IHAP referral date/time:	28/11/2019 Time: 10:21 hrs	s47F		
IHAP Meeting date:	29/11/2019 Time: 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	
 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: Secretariat attending: \$22 The Panel noted \$47F The Panel recommend \$1			ne Affairs	
The Panel ^{\$47F} believes ^{\$47F}		th	e Panel note that strongly . The Panel strongly	

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IHAP recommendations				
All IHAP Panel members present agreed that their recommendation was that refused. The Panel agreed that their recommendation was based on the following factors:				
s47F	on was based on the following factors.			
Based on the above reasons, the Panel agreed that	their recommendation is to refuse \$47F	transfer	r to	
Australia for treatment.	their recommendation is to refuse	liansiei	ιο	
Actions:				
s47F				
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•				
Document library reviewed: ABF Client brief – 3 p	Dages			
Clinical Advisory Team (MOC) Opinion				
2. Letter from advocate s47F – 2 pages	3			
3. Treating Drs referral –				
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b.				
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4. Clinical Records				
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			Home nation	
	Dr Antonio Di Dio (Chair)		ent of Ho Informat	
Panel members assessing:	Professor Brendan Murphy		nt of	
	Associate Professor Neeraj Gill		tment of Info	
	Mr Guy Coffey			
	Is the Minister's refusal confirmed:	Yes	epa	
IHAP Majority recommendation: Majority (out of total members): 4/7 Transfer is recommended: No			y D	
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Date of IHAP recommendation:	30/11/2019	Time of IHAP recommendation:	11:40am
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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Independent Health Advice Panel

Clinical Assessment

Meetin	Meeting details		data details		
IHAP referral date/time:	29/11/2019 Time: 1600 hrs	s47F			
IHAP Meeting date:	30/11/2019 Time: 16:00 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: Secretariat attending: \$22 \$47F	. The Panel no	ted that ^{s47F}		ent of Home Affairs Information Act 1982	
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IHAP recommendations All IHAP Panel members present agreed that their recommendation was that refused. The Panel agreed that their recommendation was based on the following factors: • S47F Based on the above reasons, the Panel agreed that their recommendation is to refuse transfer to Australia for treatment.				
Actions:				
s47F ●				
•				
Document library reviewed: ABF Client brief – 3 p	pages			
Clinical Advisory Team (MOC) Opinion	dated 22.11.2019 – 2 pages			
2. Letter from advocate 47F – 3 pages	S			
3. Treating Drs referral –				
a.				
b.				
4. Clinical Records s47F			Act 1982	
			lome ation ,	
	Dr Antonio Di Dio (Chair)		of H	
	Professor Brendan Murphy			
Panel members assessing:	Associate Professor Susan Moloney		of /	
	Associate Professor Neeraj Gill		Department edom of Inf	
ILIAD Majority, recommendation.	Is the Minister's refusal confirmed:	Yes	by L Fre	
IHAP Majority recommendation:	Majority (out of total members):	4/7	sed the	
			(0 =	

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		Transfer is recommended:	No
Date of IHAP recommendation:	02/12/2019	Time of IHAP recommendation:	08:15 hrs
Deemed approval (post 72 hours)?	No	Meeting audio recorded:	No

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