



Australian Government

Department of Immigration and Border Protection

DECISION RECORD

Client Details

FOI Request: FA13/12/00545
File Number: ADF2013/41432

Scope:

*'I'm seeking copies of documents, correspondence, advice and briefs related to the decision to disband the Immigration Health Advisory Group and replace it with a sole adviser - former defence force medical officer Paul Alexander.
I'm also seeking a copy of Major General Alexander's terms of reference and contract.'*

Documents in scope

1. Immigration Health Advisory Group Minbrief (8pg)
2. Letter to Dr Paul Douglas (2pg)
3. Minute –Provisions of Independent Health Advice (3pg)

Information considered

I am an officer authorised under section 23 of the FOI Act to make decisions in respect of requests to access documents or to amend or annotate departmental records. In reaching my decision, I have considered the following:

- The *Freedom of Information Act 1982*;
- Departmental files and/or documents (identified above);
- The Australian Information Commissioner's guidelines relating to access to documents held by government; and
- Consultation with the relevant business area.

Reasons for decision

I have considered the files within the scope of your request and applied exemptions in part or in full to documents as detailed in the Schedule of Documents. You should read the schedule in conjunction with the exemptions below.

s 47F – Public interest conditional exemptions—personal privacy

A document is conditionally exempt if its disclosure under this Act would involve the unreasonable disclosure of personal information about any person (including a deceased person).

Note: Access must generally be given to a conditionally exempt document unless it would be contrary to the public interest (see section 11A).

The documents that are exempt under section 47F(1) contain the personal information of a third party. In my view, release of this information would be an unreasonable release of third party personal information and would be contrary to the public interest.

I have considered a number of factors in order to determine whether or not the release of the third parties' personal information would be reasonable or not in the specific circumstances of the case.

Factors considered when applying the unreasonableness test include:

- the extent to which the information is well known;
- the need for transparency of process;
- the availability of the information from publicly available sources;

people our business

6 Chan Street Belconnen ACT 2617

PO Box 25 BELCONNEN ACT 2616 • Telephone: 02 6264 1111 • Fax: 02 6225 6970 • www.immi.gov.au

- that the documents contain third party personal information;
- whether the person to whom the information relates is known to be (or to have been) associated with the matters dealt with in the document;
- the degree to which release would contribute to a public purpose being achieved and/or shed light on the working of government; and
- the current relevance and age of the information.

In my view, when all circumstances are considered, the release of personal information would be unreasonable in the circumstances as it would constitute an unreasonable invasion of a third parties' privacy.

The FOI Act now provides that 'conditionally exempt' information must be released unless the decision maker reaches the view that release of the information would be 'contrary' to the public interest.

I am satisfied that the documents I have exempted under section 47F(1) contain personal information and the disclosure would be contrary to the public interest. When assessing the public interest test, I have considered:

Factors in favour of disclosure:

- promote the objects of the Act;
- inform debate on a matter of public importance;
- reveal the reason for a government decision;
- enhance the scrutiny of government decision making;
- the extent to which the information is well known;
- the need for transparency of process;

Factors against disclosure:

- could reasonably be expected to prejudice the protection of an individual's right to privacy;

On balance, I am satisfied that release of the personal information exempt within the documents would be contrary to the public interest and is therefore exempt under section 47F(1) of the FOI Act. The factor against disclosure relating to the protection of an individual's right to privacy was given the most weight. The benefit to the public resulting from disclosure is outweighed by the benefit of withholding the information.

Deletion of exempt or irrelevant material under s.22 of the FOI Act

Section 22(2) of the FOI Act provides that, where an agency reaches the view that a document contains exempt information or material that is irrelevant to the request **and** it is possible for the agency to prepare an edited copy of the document with the irrelevant or exempt material deleted, then the agency must prepare such a copy.

This edited copy must be provided to the applicant. Further, the decision maker must advise the applicant in writing that the edited copy of the document has been prepared and of the reason(s) for each of the deletions in the document (s.22(3) of the FOI Act).

Exempt material is deleted pursuant to s.22(1)(a)(i) and irrelevant material is deleted pursuant to s.22(1)(a)(ii) of the FOI Act. The attached Schedule of Documents identifies documents where material has either been deleted as exempt information under the FOI Act or deleted as irrelevant to the scope of the request.

Mel Heggart
FOI & Privacy Policy
Department of Immigration and Border Protection



Australian Government

Department of Immigration and Border Protection

SCHEDULE OF DOCUMENTS TO DECISION RECORD

FOI Request: FA13/12/00545
File Number: ADF2013/41432

1. Other documents;

Number of pages	Description	Decision	Legislation
8	Immigration Health Advisory Group Minbrief	Released with exemptions	s47F(1) s22(1)(a)(ii)
3	Minute –Provisions of Independent Health Advice	Release in full	
2	Letter to Dr Paul Douglas	Release in full	

For Official Use Only



Australian Government
Department of Immigration and Border Protection

Submission

For information / decision
ExecCorro Reg. Number *SM2013/03873*

To Minister for Immigration and Border Protection

Subject Immigration Health Advisory Group

Timing *Please action by 15 December 2013, prior to your meeting with the Minister's Council for Asylum Seekers and Detention scheduled for 16 December 2013.*

Recommendations

That you:

1. Note my decision to discontinue the Immigration Health Advisory Group (IHAG) and replace it with a new role of Independent Health Adviser. noted / please discuss
2. Note that Dr Paul Alexander AO, the former chair of IHAG, has agreed to fill this role. noted / please discuss
3. Note that, once announced, the decision may result in some criticism from former members, their professional bodies and advocates. noted / please discuss
5. Agree to consider appointment of Dr Alexander to your Council for Asylum Seekers and Detention, and that this will be the subject of separate advice to you regarding the membership of the Council generally. agreed / not agreed / please discuss

Minister for Immigration and Border Protection

Signature.....

Date: *19/12* / 2013

Received

16 DEC 2013

Minister for Immigration
and Border Protection

Released by DIBP under the
Freedom of Information Act 1982

For Official Use Only

Minister's/Assistant Minister's Comments

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

Rejected Yes/No	Timely Yes/No	Relevance <input type="checkbox"/> Highly relevant <input type="checkbox"/> Significantly relevant <input type="checkbox"/> Not relevant	Length <input type="checkbox"/> Too long <input type="checkbox"/> Right length <input type="checkbox"/> Too brief	Quality Poor 1.....2.....3.....4.....5 Excellent Comments:

Key Issues

1. I have decided to discontinue the Immigration Health Advisory Group (IHAG), which commenced in March 2013 to provide me with expert immigration health advice, and replace it with a single Independent Health Adviser. Dr Paul Alexander AO, my appointed chair of IHAG, has agreed to fill the role of my Independent Health Adviser.

2. My decision to discontinue IHAG is in response to the current pace of policy development where the need for definitive health advice often within a short timeframe has diminished the effectiveness of and need for a large group such as IHAG (which has 12 members) in providing independent health advice to the department. It takes account of new policy parameters, the creation of the Joint Agency Task Force, the introduction of measures such as rapid transfer arrangements and an emphasis on quickly expanding offshore processing centres and rationalising onshore facilities.

3. It is increasingly apparent that the contentious nature of some policy approaches in relation to IMAs has made it difficult for some IHAG members to provide health advice independent of their other interests. The performance of public duty in an independent role such as IHAG can have the potential for conflicts of interest to arise for some members. In some cases, these private and professional interests may be difficult to reconcile with the public duty arising from the discharge of an independent advisory role.

4. These conflicts are arising for some members from the natural professional interests and obligations that some members have (including, in some cases, public and media comment related to issues under consideration by IHAG), as well as from the interests of the professional organisation that nominated the member to IHAG in the first place. These actual and potential conflicts also present challenges in sharing information on policy and operational activities that are becoming increasingly problematic. **s. 47F(1)**

s. 47F(1)

Released by DIMP under the
Freedom of Information Act 1982

For Official Use Only

5. There is some crossover of relationships between IHAG members and the membership of your Council for Asylum Seekers and Detention (MCASD) s. 47F(1)

s. 47F(1) It would be valuable to continue to maintain a linkage between the independent health advice to the department and MCASD. Accordingly, you may wish to appoint Dr Alexander to the Council to provide consistency and continuity of high level advice on immigration health matters. This would strengthen links between the consideration of health and other issues affecting asylum seekers and reinforce the provision of comprehensive independent advice on these matters. s. 47F(1)

s. 47F(1)

6. IHAG members were informed that the quarterly IHAG meeting that had been scheduled for 29 November 2013 and earlier sub-group meetings had been deferred. s. 47F(1)

s. 47F(1) My decision to discontinue IHAG will likely attract broader criticism from former members, medical professional bodies and asylum seeker advocates, who may claim the decision indicates that the department does not want frank and impartial health advice. This is not the case – we will be maintaining an Independent Health Adviser who will have support from additional medical/clinical expertise as required through ready access to specialist individuals and expert panels able to provide high quality independent health advice in a more agile, timely and effective way to the particular health issues under consideration. Moreover, the department maintains its own Chief Medical Officer employed at a senior executive level and has substantial medical expertise available to it through its health services provider, International Health and Medical Services.

Background

7. IHAG commenced operation in March 2013, replacing the former Detention Health Advisory Group (DeHAG) which was in place from 2006 until August 2012. It was established to advise the Secretary and department and appointments to it were therefore made by the Secretary based principally on nominations from relevant professional bodies.

8. IHAG was established to provide a source of expert health advice with a broader immigration health focus and greater emphasis on health policy and health service delivery expertise, compared with DeHAG's narrower focus on clinical expertise in a detention health context. This reflected the significant change in the size, nature and complexity of the immigration detention/status resolution environment since 2006, including the use of bridging visas for clients who formerly would have been held in immigration detention.

9. Reflecting the new model, the membership of the new advisory group was broadened to provide the department with access to advice from professionals with medical, health policy and health service delivery expertise, with particular reference to asylum seekers and humanitarian entrants. The membership of IHAG is at Attachment B.

10. IHAG had two ongoing working groups, the Mental Health and the Community & Public Health working groups, and in August 2013 the Terms of Reference were expanded to include providing advice in relation to Offshore Processing Centres. The Terms of Reference are at Attachment C.

Consultation

11. The IHAG Chair, Dr Paul Alexander AO, has been consulted on this proposal. He agrees that it represents a better and more effective path forward than current arrangements, and has indicated that he is prepared to take on the role of Independent Health Adviser to the department. Dr Paul Douglas, DIBP Chief Medical Officer and the FAS, Compliance and Case Resolution Division (responsible for MCASD arrangements) have also been consulted.

Released by DIBP under the
Freedom of Information Act 1982

For Official Use Only

Client service implications

Nil.

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

Attachments

s. 47F(1)

Attachment B IHAG Membership

Attachment C IHAG Terms of Reference

Authorising Officer



Martin Bowles PSM
Secretary

13/12/2013
Ph: 02 6264 2056

Contact Officer John Cahill, FAS Detention Infrastructure and Services, Ph: 02 6264 1928

CC Assistant Minister for Immigration and Border Protection
Deputy Secretaries
Chief Medical Officer
FAS CCRD

Released by DIBP under the
Freedom of Information Act 1982

For Official Use Only

S. 47F(1)

Released by DIBP under the
Freedom of Information Act 1982

S. 47F(1)

Released by DIBP under the
Freedom of Information Act 1982

Immigration and Health Advisory Group Members

- Dr Paul Alexander AO
Metro North Hospital and Health Board (Chair)
- Dr Gillian Singleton
Royal Australian College of General Practitioners
- Professor Louise Newman AM
Royal Australian and New Zealand College of Psychiatrists
- Adjunct Associate Professor Amanda Gordon
Australian Psychological Society
- Associate Professor Karen Zwi
Royal Australian College of Physicians
- Ms Sandy Eagar
Australian College of Nursing
- Dr Choong-Siew Yong
Australian Medical Association
- Mr Jorge Aroche
Forum of Australian Services for Survivors of Torture and Trauma
- Ms Caz Coleman
Minister's Council for Asylum Seekers and Detention
- Dr Bernie Towler
Principal Medical Adviser, Population Health, Department of Health and Ageing (Advisor)
- Dr Paul Douglas
Chief Medical Officer, Department of Immigration and Citizenship (Advisor)
- Ms Doris Gibb
Commonwealth Ombudsman (Observer)

IMMIGRATION HEALTH ADVISORY GROUP

TERMS OF REFERENCE

The Immigration Health Advisory Group (IHAG) is the definitive source of health advice to the Department of Immigration and Citizenship.

IHAG will provide the Department with independent expert advice to design, develop, implement and evaluate health and mental health care services and policies for people:

- in all places of held immigration detention within Australian territories;
- in Community Detention (Residence Determination);
- eligible for transfer or transferred to Regional Processing Centres under the Regional Resettlement Arrangements with PNG and Nauru announced on and after 19 July 2013; or
- who are asylum seekers or refugees holding temporary or recently granted permanent visas whilst receiving support through Departmental assistance programs.

With reference to the people identified above, the group will provide expert opinion and recommendations regarding:

1. The design, development and implementation of policies for the provision of health care (including preventative, public, dental, clinical and mental health). In relation to Regional Resettlement Arrangements, the group will have an additional focus on tropical medicine, maternal health, paediatric health and child psychosocial development issues. The group will also work with and support the activities of the Health and Mental Health Sub-Committee of the Nauru Interim Joint Advisory Committee.
2. Appropriate standards of health services.
3. The evaluation, review and reporting processes for health services.
4. The nature and scope of potential research and data collection required to improve health outcomes and management of health care, including public health conditions.

Specific issues relating to health including mental health of the target population

Sensitive

Department of Immigration and Border Protection

File Ref: adf2013/2766

Doc Ref:

MINUTE

Cc:
Deputy Secretary Southern
Chief Medical Officer
FAS ODRT
FAS CCR

SECRETARY (for Decision)

Through: Deputy Secretary Cormack

PROVISION OF INDEPENDENT HEALTH ADVICE

Timing:

Prior to the next meeting of the Immigration Health Advisory Group (IHAG) scheduled for Friday 29 November 2013.

Purpose:

To agree revised arrangements for expert immigration health advice, to replace IHAG.

Background:

2. IHAG commenced operation in March 2013, replacing the Detention Health Advisory Group (DeHAG) that was in place from 2006 until August 2012.
3. IHAG was established to provide a source of expert health advice with a broader immigration health focus and greater emphasis on health policy and health service delivery expertise, compared with DeHAG's narrower focus on clinical expertise in a detention health context. This reflected the significant change in the size, nature and complexity of the immigration detention/status resolution environment since 2006, including the use of bridging visas for clients who formerly would have been held in immigration detention.
4. Reflecting the new model, the membership of the new advisory group was broadened to provide the department with access to advice from professionals with medical, health policy and health service delivery expertise, with particular reference to asylum seekers and humanitarian entrants. The current membership is at Attachment A.
5. IHAG has two ongoing working groups, the Mental Health and the Community & Public Health working groups. In June 2013 a short term working group was established to review on-arrival health processing on Christmas Island. In August 2013 you agreed that the IHAG terms of reference be amended to reflect an expanded role for IHAG as the definitive source of health advice for the department, including in relation to the then Regional Resettlement Arrangement (RAA). At this time you also agreed to the creation of a new IHAG working group focused specifically on RRA-related matters. The current IHAG terms of reference are at Attachment B.

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

Sensitive

people our business

Released by DIBP under the
Freedom of Information Act 1982

Sensitive

6. Since the change of government in September 2013 we have seen a change in policy emphasis, with a strong focus on offshore processing, rapid transfer arrangements and a decline in BVE releases.

Issues:

7. With a new government and new policy parameters, including the creation of the Joint Agency Task-Force and introduction of measures such as rapid transfer arrangements, and an emphasis on expanding offshore processing centres, it is appropriate to revisit the approach to providing relevant expert health advice to the department.
8. In many respects the pace of policy development and the need for definitive advice often within a short timeframe has diminished the effectiveness of and need for a large group such as IHAG in providing independent health advice to the department.
9. It is apparent also that the contentious nature of some policy approaches in relation to IMAs, especially those arising from the policy directions of the new government, has made it difficult for some IHAG members to provide health advice independent of their other interests. The performance of public duty in an independent role such as IHAG can have the potential for conflicts of interest to arise for some members. In some cases, these private and professional interests may be difficult to reconcile with the public duty arising from the discharge of an independent advisory role. These conflicts are arising for some members from the natural professional interests and obligations that some members have (including, in some cases, public and media comment related to issues under consideration by IHAG), as well as from the interests of the professional organisation that nominated the member to IHAG in the first place. These actual and potential conflicts also present challenges in sharing information on policy and operational activities that are becoming increasingly problematic.
10. Against this background, a more effective structure for the future would appear to be one where you have an independent health adviser rather than a health advisory group. The adviser could prepare advice for your consideration, on request, in consultation with the department's Chief Medical Officer, and drawing on other expert medical experts, at the adviser's discretion. A panel of experts could be maintained 'on-call' and others approached on an ad hoc basis as required. This should assist the provision of high quality advice within short timeframes, without the need to convene formal large group IHAG meetings or meetings of IHAG working groups (where our experience has been that it is often difficult to agree a suitable meeting time or achieve a quorum for a meeting).
11. The IHAG Chair, Dr Paul Alexander AO, has been consulted on this proposal. He agrees that it represents a likely more effective path forward, and has indicated that he is prepared to take on the role of Independent Health Adviser to the department.
12. A decision to dispense with the current IHAG would likely attract some criticism from former members, medical professional bodies, and asylum seeker advocates, who may claim that the decision indicates that the department does not want frank and impartial health advice. This is not the case – what we are doing is proposing to maintain an Independent Health Adviser, with support from additional medical/clinical expertise as required through ready access to specialist individuals and expert panels able to respond in an agile and more effective way to the particular health issues under consideration.

Sensitive

people our business

Sensitive

- 13. Moreover, subject to the Minister’s agreement and his views on the future of his Council on Asylum Seekers and Detention (MCASD), we would propose the Independent Health Adviser be appointed to MCASD. This would strengthen links between the consideration of health and other issues affecting asylum seekers and reinforce the provision of comprehensive independent advice on these matters.
- 14. Sample draft letters to current IHAG members and their professional bodies are at Attachment C. Once agreed, individual letters will be prepared to notify existing IHAG members and their professional bodies of the changed arrangements. Advice will also be prepared for the Minister.

Consultation

- 15. Dr Paul Alexander AO, Chair of IHAG; Dr Paul Douglas CMO; and the FAS CCR Division were consulted in the preparation of this minute.

Recommendation:

- 1. That you agree that IHAG be discontinued and be replaced by an Independent Health Adviser.
- 2. That you agree that Dr Paul Alexander AO be formally approached to be your Independent Health Adviser.
- 3. You agree that it be proposed to the Minister that the Independent Health Adviser be a member of the Ministerial Council on Asylum Seekers and Detention.

- 1. **AGREED/
NOT AGREED/DISCUSS**
- 2. **AGREED/
NOT AGREED/DISCUSS**
- 3. **AGREED
NOT AGREED/DISCUSS**

John Cahill
 First Assistant Secretary
 Detention Infrastructure and Services
 (02) 62641928
 1 November 2013

Contact officer: Paul Windsor
 Phone: (02) 62641576

Martin Bowles, PSM
/...../.....

Released by DIBP under the
 Freedom of Information Act 1982



Australian Government

Department of Immigration and Border Protection

SECRETARY

13 December 2013

Dr Paul Douglas
DIBP Chief Medical Officer
Global Health
Building C
Level 6 300 Elizabeth Street
SYDNEY NSW 2000

Dear Dr Douglas

Immigration Health Advisory Group

I am writing to advise you of my decision to disband the Immigration Health Advisory Group (IHAG). I would like to thank you for your commitment and contribution to the work of IHAG over the last eight months.

As you would know, the policy and operational work of this department has been particularly demanding and challenging for some time. The fast pace of change and implementation of government policy has meant the department has to respond very quickly to our ever changing environment. I have concluded that a large representative body such as IHAG is less well equipped to do this than an alternative panel capability that is able to respond to particular issues under consideration often within tight timelines, including on issues that might fall outside the current professional base of the IHAG.

Against this background, I have decided to appoint an Independent Health Adviser to provide continuing independent health advice to myself and the department. I am pleased to advise that the current Chair of IHAG, Dr Paul Alexander AO, has accepted my offer to undertake this role.

As the Independent Health Advisor, Dr Alexander will work closely with yourself, and professional bodies where necessary in advising me and the department on relevant health issues as they arise. Dr Alexander will also be supported by additional medical/clinical expertise as required through ready access to specialist individuals and expert panels.

people our business



Australian Government

Department of Immigration and Border Protection

I am confident the revised arrangements I have outlined will provide the most appropriate capability for the department to be able to respond in an agile and effective way with independent health advice on the particular issue under consideration. Once again, I would like to thank you for your time and commitment to IHAG and its work.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Bowles'.

Martin Bowles PSM

people our business

6 Chan Street Belconnen ACT 2617
PO Box 25 BELCONNEN ACT 2616 • Telephone 02 6264 1111 • Fax 02 6264 2670 • www.immi.gov.au

Released by DIBP under the
Freedom of Information Act 1982