



Australian Government

Department of Immigration and Border Protection

Support Group

Date: 13/12/2017

Deputy Commissioner Correspondence No: 529-006

Cc: FAS, Health Services Policy Division

On 14 November 2017 Health Services Policy Division provided the Deputy Commissioner the Minute 'Overview of the Overseas Medical Referral (OMR) Process'. On 8 December 2017. The Deputy Commissioner has requested changes to the Attachment 'Chronology of medical transfer process for regional processing countries'.

Response

The Minute attachment 'Chronology of medical transfer process for Regional Processing Countries' has been re-formatted and additional information included. By naming Taiwan the classification of the Minute and attachment has changed to protected.

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Through:	Deputy Secretary
Consultation:	International Division
Copied to:	AS, Pacific and Transnational Issues Branch

Attachment A (Original tasking)	Scanned Minute Attachment: Chronology of medical transfer rocess for Regional Processing Countries with DC comments.
Attachment B	Revised Minute Attachment: Chronology of medical transfer process for Regional Processing Countries

Date		
24 June 2015	Secretary Directive stating "unless there are compelling medical reasons, supported by second opinions, to do with life and death situations, or situations involving the risk of life time injury or disability, transfers to Australia should be avoided as a general rule and should in any event become increasingly rare."	
July 2015	OMR process (previously a process used to determine whether the Nauruan health budget would fund the overseas health treatment of one of its citizens) expanded beyond Nauruan citizens to include refugees, with first patient transferred from Nauru to POM on 30 July 2015.	
	Unlike the process for Nauruan citizens, where approval to transfer to another country is approved by the OMR for a refugee, the Australian government pays associated costs.	
29 April 2016	Secretary Directive stating "the aim should be to avoid to the maximum extent possible such transference to AustraliaThis instruction is to be overridden only if and when there is a reasonable apprehension that inactio would result in an immediate threat to life, or the occasioning of permanent debilitating injury."	
May 2016	Clinical Case Review Committee (CCRC) established in Detention Health Services Branch. The purpose of the CCRC was to undertake a joint review with IHMS of Requests for Medical Movement (RMM) to ensure appropriate and prospective clinical management and timeliness of response from IHMS.	
May 2016	Legislative amendments to Nauru's Crimes Act passed referencing termination of pregnancies (can be performed lawfully in Nauru if the elements of a "lawful medical procedure" are met under s63(1) of the Crimes Act 2016 (Nauru)). Despite the legislative changes, to the Department's knowledge no termination of pregnancies have been performed in Nauru.	
June 2016	Process Mapping undertaken by ABF to clarify procedure of medical transfers for Refugees and Transferees from Regional Processing Countries.	
2 November 2016	Formation of the Transitory Person Committee (TPC) with role to discuss complex cases where a Request for Medical Movement (RMM) has been received by ABF, recommending transfer to Australia. Chaired by FAS Children Community and Settlement Services Division and consisting of core members from FAS Detention and Offshore Ops Command, FAS Detention Services Division, and CMO/SG Health Services Policy Division.	
September 2017	Letter from FAS Hampton sent 28 September 2017 to the Government of Nauru's Minister Scotty seeking to exclude requests for termination of pregnancy for refugees from the OMR process, given the strong religious and cultural aversion to terminations in Nauru. Memorandum of Understanding (MOU) between the Government of Australia and Taiwanese authorities providing medical treatment for certain people residing in regional processing countries is signed (12 September 2017). DIBP wrote to Taiwan, formally nominating Nauru as a regional processing country under the MOU from which Taiwan may receive medical transfers. Papua New Guinea has not been nominated for inclusion under the MOU.	
11 October 2017	DIBP wrote to Taiwan, formally nominating Nauru as a regional processing country under the MOU from whice Taiwan may receive medical transfers. Papua New Guinea has not been nominated for inclusion under the MOU. Transfer of first group of individuals to Taiwan for medical treatment likely to occur.	
January 2018	Transfer of first group of individuals to Taiwan for medical treatment likely to occur.	