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Information Sheet 2023 - Australian Offshore Panel Physicians Network

Australia's Panel Physicians Network (the Panel) consists of physicians and chief radiologists (Panel Members) who conduct Australian Immigration Medical Examinations (IMEs). Panel Members play an important role for the Department of Home Affairs (the Department) in conducting IMEs for people wanting to visit or migrate to Australia.

Panel Members are required to satisfy minimum standards set by the Department, but they are not employees of the Australian Government and are empanelled at the absolute discretion of the Department. They do not represent the Australian Government and those located outside Australia do not have a contractual arrangement with the Government.

When applying for panel membership, information in regard to clinic facilities must be provided to the Department. The decision to accept panel membership is made by the Department in consideration of a number of factors including, but not limited to, caseload in the region, existing panel presence, suitability of the physicians and the panel site offered, and sufficient internet service to support digital radiology and the eMedical system. This is the Department's preferred database used to record and submit IME's. The Department prefers sites that offer a combined experience (medical, radiology, pathology and preferably tuberculosis investigation and treatment all at one location). Sites must also be laid out in a way that supports the integrity of the IME process. The suitability assessment of a new site may require a virtual or physical visit by the Department.

While membership is attached to the individual Panel Member, the Department considers the integrity of the entire practice or entity in which the Panel Member works, including other physicians, staff members, facilities, laboratories and radiology practices. It should be noted that although some aspects of the IME may be delegated to nursing or other staff, the Panel Member (a physician) retains responsibility for the overall process.

The nominated doctor(s) will need to complete and sign the Panel Membership application form and return it along with the required supporting documents specified on page 5 of the Panel Membership Application Form.

1. A complete panel membership application includes:

- Completed application form – Please answer all questions and sign on pages 6, 7 & 10.
- Practicing experience – Please provide start and end dates (or months) for each position held. Please also provide reasons for any gap(s).
- Medical degree.
- Radiology qualification (for Chief Radiologist).
- Medical registration – Please provide expiry date. Please advise if the licence/registration in your country has no expiry date.
- Photo ID – For example a passport or driver licence or national ID.

Please provide the English translation for all non-English documents.

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2. Additionally, the Department must verify if the clinic/hospital has the capacity to meet the following requirements. Please also refer to Clinic Assessment Form for other requirements:

- An exclusive and secured area of the clinic that can be used for immigration medical works, which is only accessible for clients undertaking IMEs. This area should ideally be close to the onsite digital x-ray machine(s) and laboratory.
- Secure toilets within or close to the exclusive area to collect urine specimens, with blue dye installed. This area should ideally have no wash basin within the secure collection area or the water tap be disconnected, with a running wash basin or hand sanitiser made available outside the collection area.
- Digitised barcode labels on pathology specimens. These should ideally be de-identified with no client names printed on the label.
- Other integrity measures, such as CCTV, coloured hospital gowns, coloured wrist band or hand stamp, to differentiate between immigration medical clients and general patients and to prevent potential fraud or substitution.

A complete clinic empanelment application includes:

- Completed Clinic Assessment Form
- Floor plan with labels indicating key areas including entrance, reception/ waiting area, examination room, toilet, lab and x-ray facility etc.
- Photos of the key areas
- Protocol on maintaining the integrity assurance processes
- Advice on any other information (e.g. Staffing etc.)

In being empanelled as part of the Australian Panel Physicians Network, clinics and Panel Members agree to:

- Abide by the Australian Panel Member Instructions and Code of Conduct
- Complete the Australian Panel Member eLearning training module
- Participate in regular quality assurance activities conducted by the Department
- Ensure the pathology laboratories and treatment centres which you use are appropriately accredited to the relevant international, national and/or state/province standards for the state/province and country in which you are located.

If you have read this information and believe that you would be an ideal candidate to join the Australian panel clinic network, please complete the attached application forms and submit to:

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

Once you have submitted your application, an officer of the Department will contact you to discuss your application further.

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Australian Government
Department of Home Affairs

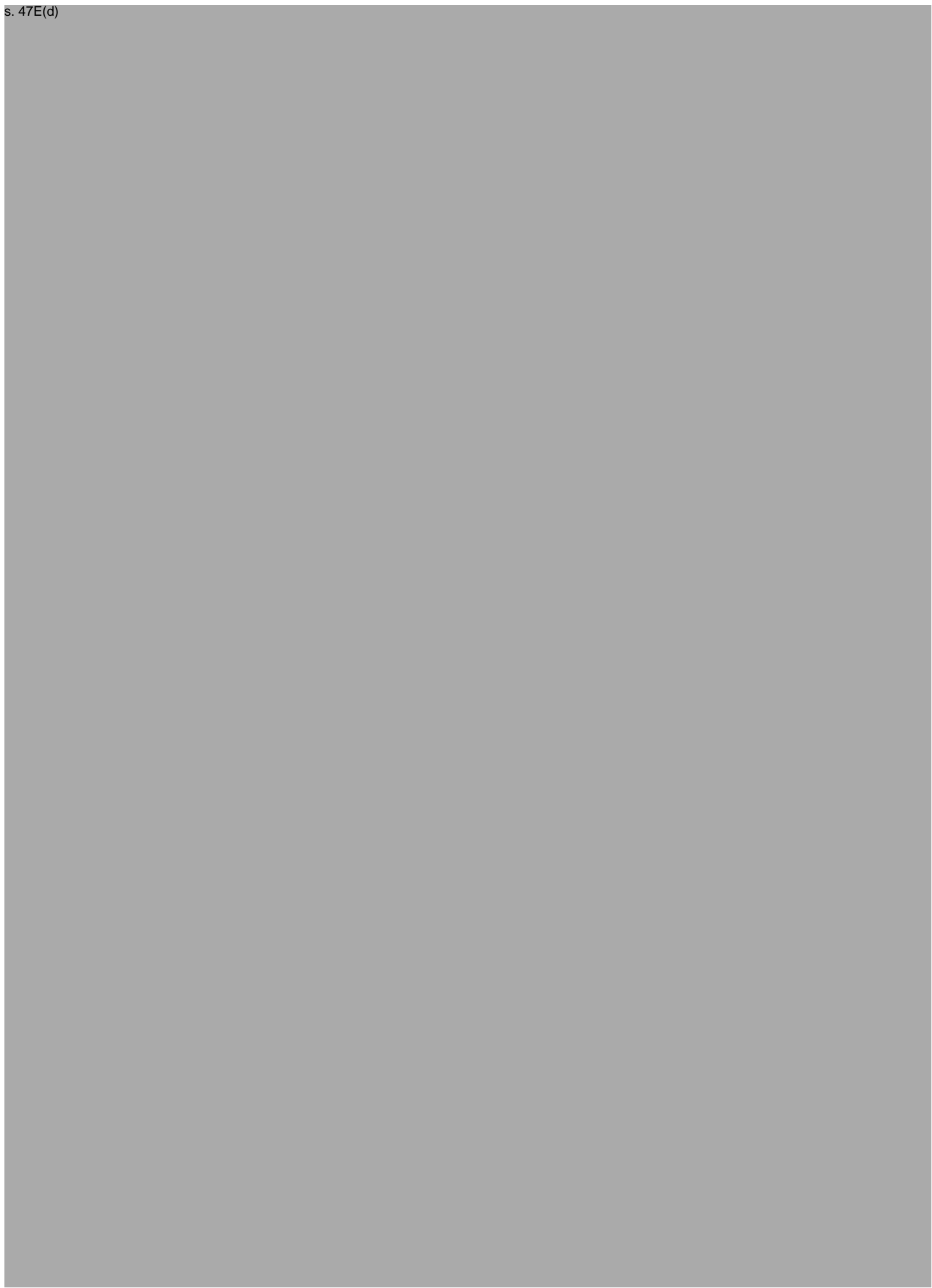
s. 47E(d)

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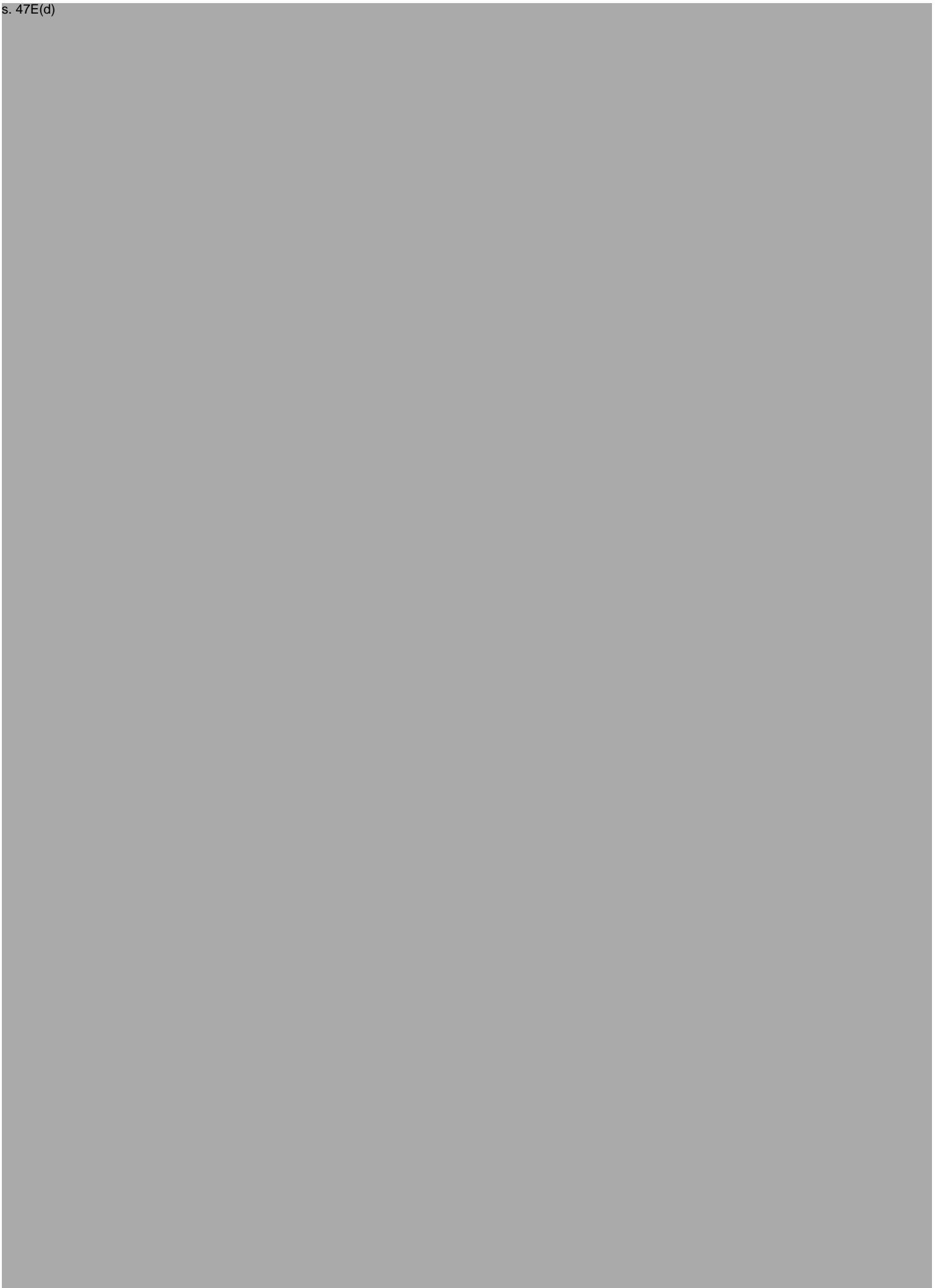
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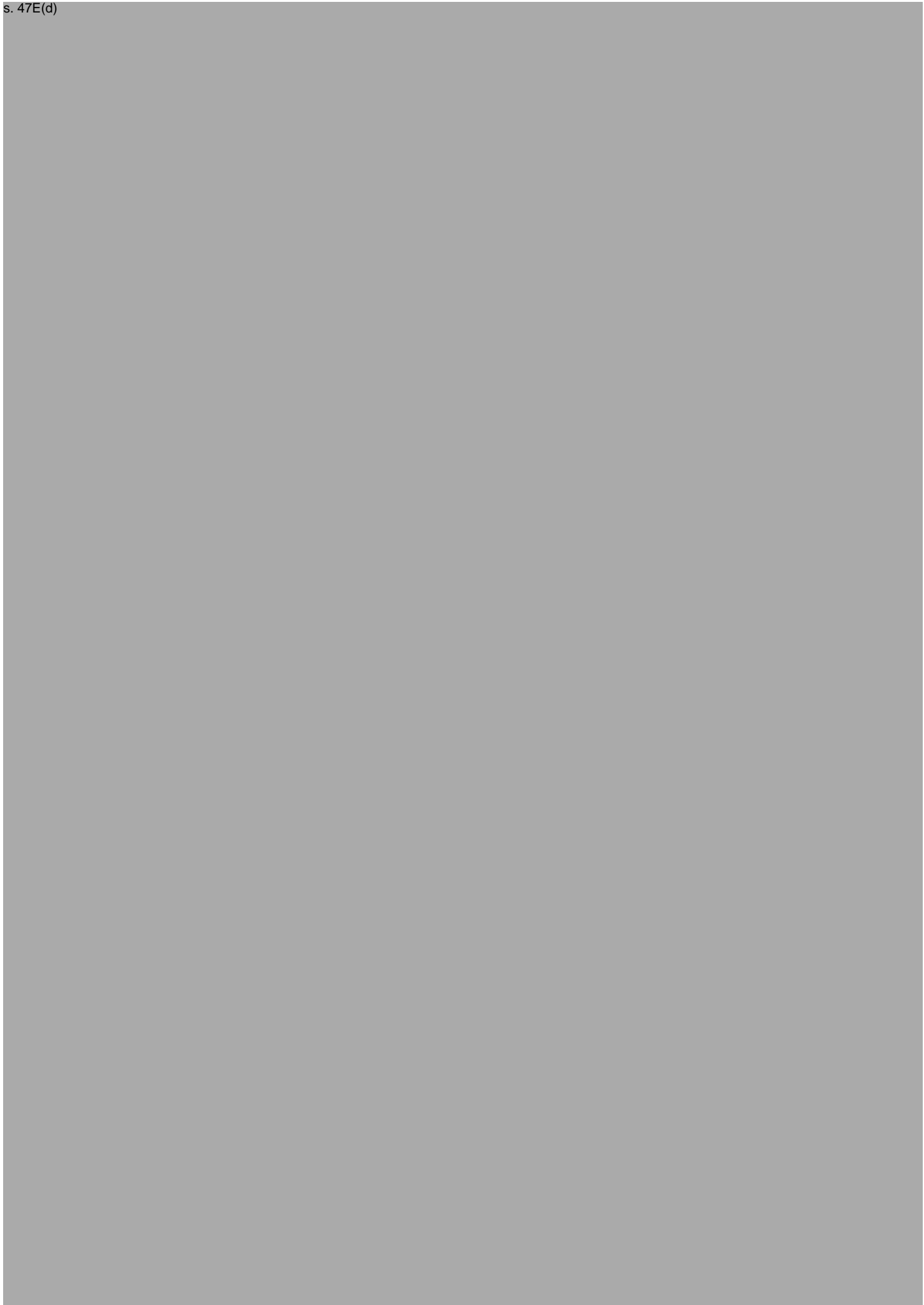


s. 47E(d)











APPLICATION FOR PANEL MEMBERSHIP

Please complete this form electronically

Mandatory fields are indicated by *

| 1. Nomination Details | |
|--|--|
| *Clinic Name: | |
| *Clinic Country: | |
| *Your nominated role <i>Select all roles that apply to your application:</i> | |
| Panel Physician <input type="checkbox"/> | Chief Radiologist <input type="checkbox"/> |
| Locum Panel Physician <input type="checkbox"/> | Locum Chief Radiologist <input type="checkbox"/> |
| *Your proposed work hours for Immigration Medical Examinations (IME) (per week): | |
| <i>The nomination must be made by a person authorised by the clinic management.</i> | |
| *Name of nominator: | |
| *Position/role of nominator: | |
| *Reason for Nomination: Replacement <input type="checkbox"/> Workload demand <input type="checkbox"/> Other <input type="checkbox"/> | |
| <i>If other please provide detail:</i> | |

| 2. Personal Details | |
|---|--|
| *Family Name: | *Given Names: |
| *Date of Birth: <i>(DD:MM:YYYY)</i> | *Gender: |
| | *Nationality: |
| *Your email address: | |
| *Your phone number: <i>(including area code)</i> | Mobile number: <i>(including area code)</i> |

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3. Your Language skills:

Please indicate all languages applicable to you (include native languages). English skills are mandatory.

| Language | Spoken | | | Written | | |
|----------|---------------------------------|---------------------------------------|--------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| *English | Fluent <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Basic <input type="checkbox"/> | Fluent <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Basic <input type="checkbox"/> |
| | Fluent <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Basic <input type="checkbox"/> | Fluent <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Basic <input type="checkbox"/> |
| | Fluent <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Basic <input type="checkbox"/> | Fluent <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Basic <input type="checkbox"/> |

4. Your Medical and Specialist Qualifications: (Attach documentation)

| | |
|----|------------------------------|
| *1 | *Full name of Qualification: |
| | *Institution: |
| | *City and Country: |
| | *Dates of study: |
| 2 | Full name of Qualification: |
| | Institution: |
| | City and Country: |
| | Dates of study: |
| 3 | Full name of Qualification: |
| | Institution: |
| | City and Country: |
| | Dates of study: |

5. *Your Practicing History (most recent to oldest in order) Attach CV/Resume

| Dates | | Position | Hospital/Clinic/other | Country |
|-------|--------|----------|-----------------------|---------|
| Start | Finish | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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| 6. *Current Professional License / Registration Number (attach documentation) | | | | |
|---|----------|-------------------------------|---------|---------------------|
| Dates | | Registration Council or Board | Country | Registration Number |
| Start | Finish** | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

** If expiry date not available, please provide explanation:

| 7. Type of practice and special professional interests |
|--|
| |
| |
| |
| |

| 8. Your present academic and hospital affiliations, or other official memberships |
|---|
| |
| |
| |

| 9. Professional Indemnity Insurance |
|--|
| *Do you have Professional Indemnity Insurance? <input type="checkbox"/> If yes, please provide details below and attach evidence |
| Insurance Provider: |

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10.*Declaration

| | | |
|---|--|--|
| 1. | Have you ever been convicted or made the subject of a criminal investigation? | |
| 2. | Are there any criminal proceedings pending against you in relation to an offence? | |
| 3. | Have you been reported to, or been under investigation by, your medical registration authority for any reason? | |
| 4. | Have you ever been removed or suspended from any register or roll for the registration or certification of medical practitioners? | |
| 5. | Have you been refused medical registration in any other jurisdiction? | |
| 6. | Has your authority to possess, prescribe or administer drugs been withdrawn from you or surrendered at any time? | |
| 7. | Do you have any existing associations which may represent a conflict of interest in your work with the Australian government? For example, associations with orphanages, migration agents or firms, or conducting recruitment for Australian businesses. | |
| If you answer "yes" to any of these questions, you must enclose full details in writing with this application in order to avoid delays in the membership process. | | |
| Details: | | |

11. Documents Required

The completed application form and copies of the following documents **must** be provided to the Department of Home Affairs to finalise your application for membership of the Australian Panel Physician Network.

| | |
|---|--|
| A copy of your passport, driver's licence or national identity card | |
| Change of name If applicable, for example, a marriage certificate | |
| Primary medical degree | |
| Specialist Qualification (if radiologist) Must be provided if registration is based upon this qualification | |
| Evidence of current medical registration with expiry date clearly visible | |
| Current CV | |
| Documents not in English accompanied by accredited English translations. | |

Please forward the completed application with the required documentation electronically to:

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

UNDERTAKING TO OPERATE WITHIN THE BOUNDS OF AUSTRALIAN PANEL MEMBER INSTRUCTIONS FOR CONDUCTING AUSTRALIAN IMMIGRATION MEDICAL EXAMINATIONS

I, _____ (*insert full name*) confirm I have received a copy of the **Australian Immigration Medical Examinations - Panel Member Instructions** and have familiarised myself with its content.

I accept as a result of requesting panel membership of the Australian Panel Physician Network for conducting Australian Immigration Medical Examinations, I am not an employee and have no legal contractual obligation to work for the Australian Federal Government as a Panel Member.

Should I be granted panel membership of Australian Panel Physician Network, I accept that I will operate within the bounds of the Instructions listed above and the instructions on use of eMedical if I am given access to use the eMedical system.

I will comply with the requirements of the Australian Privacy and confidentiality provisions and obtaining client consent for disclosure of personal information to third parties by the Department. I will also accept responsibility for informing all panel clinic staff, including panel radiologists completing/assisting completion of Australian Immigration Medical Examinations, of the Australian privacy and confidentiality provisions and ensuring that they comply with these provisions.

I accept that my work as a Panel Member will be audited and I agree to fully cooperate with all audit requirements. I understand that the ongoing membership of the Australian Panel Physician Network is contingent on the information obtained through the conduct of these audits.

I understand that the Department of Home Affairs can suspend or cancel my membership of the Australian Panel Physician Network at their sole and absolute discretion.

I confirm that I have no existing conflicts of interest which may affect my ability to work as a Panel Member and I will bring any conflicts of interest which may arise to the immediate attention of the Department.

Full Name:

(As per identity documents attached)

Signature: _____ **Date:** _____

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AGREEMENT TO COMPLY WITH MIGRATION 5 HEALTH WORKING GROUP (M5HWG) CODE OF CONDUCT FOR PANEL MEMBERS

I, _____ (*insert full name*) confirm I have received a copy of the ***Migration 5 Health Working Group (M5HWG) Code of Conduct for Panel Members*** and have familiarised myself with its content:

Should I be granted panel membership of the Australian Panel Physician Network, I will comply with the M5HWG Code of Conduct (the Code) for Panel Members. I will operate as per the required standards of behaviour and conduct as outlined in the Code.

I understand this Code of Conduct does not replace nor supersede each M5 country's specific Immigration Medical Examination (IME) requirements and expectations contained within their respective Panel/Technical Instructions and other guidance documents.

I am aware that this Code of Conduct does not imply a contractual or employer-employee relationship between an M5HWG partner and a Panel Member, or affect in any way the designation, relationship or governance of each M5HWG partner's Panel Members.

I am aware that Panel Members who breach the Code may be subject to action at the discretion of the relevant Migration 5 country.

I understand that if a Panel Member becomes de-registered or restricted, including changes to the conditions under which they operate in their country of practice, they must immediately inform all of the M5HWG countries to which they are empanelled and cease undertaking any M5HWG Immigration Medical Examinations.

Full Name:

(As per identity documents attached)

Signature: _____ **Date:** _____

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PRIVACY NOTICE AND CONSENT TO DISCLOSE PERSONAL INFORMATION, AUSTRALIA

The Australian Panel Physician Network

The Department of Home Affairs (the Department) manages the Australian Panel Physician Network to administer the global composition of panel physicians who perform Immigration Medical Examinations (IME) of clients intending to travel or migrate to Australia. The panel network management also involves performance monitoring and support in the development of skills or knowledge required for IMEs and in particular, to build expertise in the screening, detection and treatment of tuberculosis (TB).

Privacy Notice

The Department is required to notify an individual of certain matters when the Department collects, uses or disclose personal information about them. Under privacy laws, the Department is required to take steps to protect and ensure the confidentiality of the personal information held. Please see Attachment A for further information about the Australian Privacy Principles, including laws related to the disclosure of information to overseas recipients/stakeholders.

Collection of Information

The Department will collect your personal information from you and other relevant third parties (see details below), for the purpose of:

- a) Assessing your suitability for empanelment as a panel physician; and
- b) Ongoing membership of the Australian Panel Physician Network.

This may also include information about the clinic you are associated with in your role as a member of the Australian Panel Physician Network.

Use and Disclosure of Information

Personal information collected about you may be used or disclosed to third parties.

- Personal information collected about you includes:
 - your contact details
 - your qualifications, work experience, affiliations and registration details
 - your practice history, particularly as a panel physician
- Information about the clinic where you are authorised to perform IMEs.
- Information about your performance based on the results of audits (onsite and desktop) conducted by the Department of medical examination reports completed by you, as a panel physician and your professional and personal conduct.
- Details about your conduct in complaints made against you, and any resulting actions against you.
- Any administrative, civil or criminal proceedings and findings.

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Your personal information could also be used and disclosed for the following purposes of:

- improving the quality and consistency of Australian Panel Physician Network members' output.
- investigating complaints and issues relating to you and your associated clinic.
- action related to possible suspension and/or cancellation of your Australian Panel Physician Network membership.
- setting up internal management processes and systems, which require details about you.
- responding to enquiries from Visa Processing Officers to resolve issues for clients.
- meeting obligations in respect of sharing information arising out of legal obligations or agreements with entities listed below.

In addition, your personal information contained in the following, may also be used or disclosed for the purposes above:

- aspects of reports, desktop or onsite audits completed/undertaken by staff employed or appointed by the Department, that identify you.
- reports written by you, in which you are identified as the panel physician who created the report.
- details about you and your conduct in complaints made against you as part of the panel, and any resulting actions against you
- the status of your empanelment with the Department or other Migration 5 partners, where relevant
- details about you, in any documentation in regards to the IME work undertaken by you.

The third parties to whom your personal information may be disclosed are:

- medical councils and/or registration authorities.
- Australian departments, any service providers and agencies that are involved in the management of immigration and/or public health including agencies and service providers assisting in settlement of migrants particularly refugees.
- law enforcement bodies, tribunals and other bodies assessing decisions made by the Department or where Department are required to provide this information by law.
- the government departments and agencies, who are part of the of the Migration 5 including Australia, Canada, New Zealand, United Kingdom and the United States of America, with whom we may have an agreement and with whom we may share panel physicians, that are involved in the management of immigration medical examinations.
- members of the public – information disclosed is limited to your name and contact details and your associated clinic's name and contact details.

Consent

In order to participate in and to remain a member of the Australian Panel Physician Network, you are asked to sign the below consent form, which confirms that you understand that your personal information could be collected, used and disclosed for the reasons outlined above. I understand that consideration of my empanelment and ongoing membership as a panel physician is subject to my consent for collection, use and

disclosure to the third parties outlined above of my personal and sensitive information (including information relating to the clinic with which I am associated) as outlined in this document.

I understand that by providing consent for the Department to use and disclose my personal information to an overseas recipient, the Department will not be required to take steps to ensure that the overseas recipient does not breach the Australian Privacy laws in relation to the information, as otherwise required by privacy laws.

Full Name:

(As per identity documents attached)

Signature: _____ **Date:** _____

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Australian privacy notice

The Privacy Act 1988 (Commonwealth) (Privacy Act) and the Australian Privacy Principles guidelines (APPs), which provide guidance to Australian Government agencies and organisations covered by the Privacy Act, require the Department of Home Affairs (the Department) to notify an individual of certain matters when we collect personal, including sensitive, information about them. This Privacy notice and consent to disclose personal information form and this Attachment are your notification of those matters.

What is considered 'personal information'?

Personal information is defined in section 6 of the Privacy Act as 'information or opinion about an identified individual, or an individual who is reasonably identifiable whether the information or opinion is true or not; and whether the information or opinion is recorded in a material form or not'.

What is considered 'sensitive information'?

- a) Sensitive information is defined in section 6 of the Privacy Act as Information or an opinion about an individual's:
 - i. Racial or ethnic origin; or
 - ii. Political opinions; or
 - iii. Membership of a political association; or
 - iv. Religious beliefs or affiliations; or
 - v. Philosophical beliefs; or
 - vi. Membership of a professional or trade association; or
 - vii. Membership of a trade union; or
 - viii. Sexual orientation or practices; or
 - ix. Criminal record;

That is also personal information; or

- b) Health information about an individual; or
- c) Genetic information about an individual that is not otherwise health information; or
- d) Biometric information that is to be used for the purpose of automated biometric verification or biometric identification; or
- e) Biometric templates.

Who is collecting your personal information?

The Department will collect your personal information. The reasons for which, type of information collected by the Department, and third parties to which your information may be disclosed, are outlined in the Privacy notice and consent to disclose personal information form. This is referred to as the primary purpose.

The Department may disclose or use personal information for a secondary purpose under the following circumstances:

- If the information is sensitive information – directly related to the primary purpose; or
- If the information is not sensitive information – related to the primary purpose.

Disclosure of personal information overseas

As outlined in the Privacy notice and consent to disclose personal information form, by providing consent for the disclosure of your personal information to an overseas recipient, the APPs of the Privacy Act will not apply to that disclosure, which means that the Department will not be accountable under the Privacy Act and you will not be able to seek redress under the Privacy Act.

The Department may disclose personal information to an overseas recipient without complying with the APPs where the disclosure is 'required or authorised by or under an international agreement relating to information sharing to which Australia is a party.'

Permitted general disclosure of panel physician information that may also apply to the sharing of information are in relation to lessening or preventing a serious threat to life, health or safety or taking appropriate action in relation to suspected unlawful activity or serious misconduct.

How do you access and/or correct your personal information?

Under the Privacy Act (APPs 12 and 13), you have the right to ask for access to the personal information that we hold about you.

You are also able to ask that we correct that personal information. You can ask for access or correction by contacting us and we must respond within 30 days. If you ask, we must give you access to your personal information, and take reasonable steps to correct it if we consider it is incorrect, unless there is a law that allows or requires us not to. If you wish to access and/or correct your personal information please email s. 22(1)(a)(ii) with the subject: Australian Privacy Access and/or Correction Request and provide the details of and reasons for the requested correction.

How will the department store your personal information?

The Department takes steps to protect the security and confidentiality of personal information it holds. Files are disposed of in strict accordance with the General Disposal Authorities issued by Australian Archives.

How do you find out more about our privacy practices?

For more information about how the Department will use and disclose your personal information please refer to:

The Department's Privacy Policy:

- <https://www.homeaffairs.gov.au/access-and-accountability/our-commitments/privacy>

Our Privacy Policy describes how we protect and manage personal and sensitive information consistent with our obligations under the Privacy Act and contains a link to the Department's Form 1442i – Privacy Notice.

- <https://www.oaic.gov.au/resources/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles.pdf>