

Audit Report No. 37, 2006-2007, Administration of the Health Requirement of the *Migration Act 1958*

Introduction

Background

- 20.1 Australia operates a universal visa system to manage the movement of non-citizens across its borders. This visa system acts as a screening mechanism to prevent people who pose a security, criminal or health risk from entering Australia. People who wish to migrate permanently to Australia, or to stay temporarily, must apply to the Department of Immigration and Citizenship (DIAC)¹ for an appropriate visa. Currently there are about 150 visa types for managing applicants in different situations. In 2004-05, DIAC received 4.5 million visa applications and granted 4.3 million visas.

¹ As a result of Ministerial changes effective from 30 January 2007, the Department of Immigration and Multicultural Affairs (DIMA) became the Department of Immigration and Citizenship (DIAC).

- 20.2 Within the visa system, health risks are managed according to the health requirement of the *Migration Act 1958* (the Act), and the *Migration Regulations 1994* (the Regulations). The health requirement (also called the health criteria) is a relatively small but important component of DIAC's broader remit for border control.² The intent of the health requirement is to:
- protect the Australian community from public health risks;
 - contain public expenditure on health care and community services; and
 - safeguard Australians' access to health services in short supply.
- 20.3 Diseases such as tuberculosis (TB), Human Immunodeficiency Virus (HIV), malaria and hepatitis B and C are associated with high incidence, morbidity and mortality globally, and may incur high medical costs. Serious health conditions, for example, cardiac, pulmonary or renal disease, may also draw heavily on hospital resources or put additional pressure on long waiting lists for organ transplants. Against this backdrop, the health requirement for visa applicants has an important role in contributing to Australia's high standard of health and containing health costs.
- 20.4 In line with the health requirement, each visa applicant is required to have their health assessed by DIAC and to satisfy the Public Interest Criteria 4005-4007 (PIC) outlined in the Regulations. The extent of health screening undertaken will vary depending on DIAC's policy requirements and each applicant's situation, particularly their country of origin, length of proposed stay in Australia, and current health status. Some applicants need only to make a health declaration, while others require more extensive health assessments.
- 20.5 The health requirement applies to all visa applicants and must be met before a visa can be granted.³ The foremost components of the health requirement state that the visa applicant:
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² The visa system is complemented by other border controls intended to minimise Australia's risk of exposure to diseases of public health significance. These controls include: the completion of passenger cards by travellers landing in Australia from overseas; surveillance of ports by Customs authorities; and human quarantine requirements which may be invoked under the Quarantine Act 1908. A quarantinable disease is any disease declared by the Governor-General, by proclamation, to be a quarantinable disease.

³ The health requirement is set out in the *Migration Regulations 1994, Schedule 4, Public Interest*

- is free from tuberculosis;
 - is free from a disease or condition that would result in a threat to public health or danger to the Australian community; and
 - does not have a disease or condition that is likely to: require health care or community services while in Australia; result in significant costs to the Australian community; or prejudice the access of an Australian citizen or permanent resident to health care or community services.
- 20.6 Visa applicants complete a health declaration as part of their visa application and, depending on the applicant's individual circumstances, may be required to undergo further health assessment to establish whether they meet the health criteria. In 2004-05, DIAC processed over 400,000 health assessments, each involving one or more of the following: a medical examination; a chest x-ray; blood tests; and other specialist examinations.
- 20.7 DIAC maintains a panel of more than 3,600 overseas medical doctors and radiologists who perform medical examinations offshore on DIAC's behalf. Each applicant's medical reports are forwarded to DIAC for final assessment and clearance. Where an applicant's medical results indicate a significant disease or condition, a Medical Officer of the Commonwealth (MOC) assesses the medical reports and forms an 'opinion' on whether the visa applicant: meets or does not meet the health requirement; is eligible for a health waiver; or should be placed on a health undertaking. DIAC's case officers cannot change an MOC opinion and must take the MOC opinion into consideration when making the final decision to grant or reject a visa application.

Audit Objective

- 20.8 The audit objective was to assess the effectiveness of DIAC's administration of the health requirement of the *Migration Act 1958* (the Act). To achieve this objective, the ANAO examined whether DIAC was setting and implementing the health requirement in accordance with the Act, the *Migration Regulations 1994* (the Regulations), and DIAC's own guidelines.

Audit Conclusions

- 20.9 DIAC had established administrative structures, procedures and guidelines to implement the health requirement specified in the *Migration Act 1958* (the Act) and the Public Interest Criteria (PIC). While DIAC complied with the intent of section 60 of the Act, the audit identified several limitations and caps in DIAC's administrative processes underpinning its implementation of the PIC. These limitations and gaps weakened DIAC's ability to fully assess the appropriateness, consistency, and efficiency of its health screening of visa applicants. This also meant that DIAC could not determine the effectiveness of its implementation of the health requirement in protecting Australia from public health threats, containing health costs and safeguarding access of Australians to health services in short supply – important DIAC objectives under the health requirement.
- 20.10 DIAC's primary focus for health screening of visa applicants is to protect Australia from tuberculosis (TB). TB is the only disease specifically identified in the PIC, largely due to the significance and long history of TB as a global public health threat. Concurring with this focus, DIAC's guidelines and procedures for implementing the health requirement for TB were well-established. Notwithstanding these guidelines and procedures, DIAC should strengthen its arrangements to reduce the health risks associated with TB. In particular DIAC's health risk matrix for assessing temporary visa applicants should be kept up to date to ensure that visa applicants of highest TB risk were identified.
- 20.11 In some cases, individuals identified as having inactive TB (or who have a history of treatment for TB), are allowed entry into Australia providing they sign a 'health undertaking'. DIAC requires a person on a health undertaking to report to a designated health authority in their State or Territory of residence for a follow-up health assessment. This is a precautionary measure to check that their TB has not become active since their last medical examination. DIAC has few mechanisms to monitor or ensure visa holders' compliance with health undertakings, and thus cannot determine whether health undertakings are effective in terms of meeting the intent of the health requirement. DIAC would improve the effectiveness of health undertaking by establishing arrangements with the States and Territories that enable better monitoring and reporting of compliance.

- 20.12 DIAC guidelines and procedures for areas of the PIC concerning health threats other than TB, and to determine significant costs and prejudice to access, were less well established. In particular, DIAC had not determined which diseases or conditions constituted a 'disease or condition that would result in a threat to public health' for immigration purposes. While DIAC included some infectious diseases of global significance within this criterion, the reasons or a firm basis for doing so was often unresolved and undocumented. DIAC did not follow a systematic process for incorporating new or emerging health risks into its guidelines and risk management framework. This weakened DIAC's ability to develop responsive and soundly based migration guidelines and procedure, and to ensure that its guidelines aligned with other national public health policies.
- 20.13 To implement the PIC, DIAC requires technical advice from DoHA on public health issues. However, cross-agency collaboration between DIAC and DoHA had not been formalised. This affected the timely development of migration health screening guidelines and procedures. Stronger cross-agency arrangements would be beneficial in: defining roles and responsibilities; supporting the review and updating of DIAC's risk management framework for migration health screening; and in providing a timely and sound basis for the development of guidelines and procedures on immigration health matters, particularly in relation to public health threats and migration health screening.
- 20.14 Data management for the purposes of internal management of the health requirement and external reporting were also areas that required strengthening. Both in terms of IT system capability and use of data. DIAC's capacity to store and manage information on the health requirement was limited by the differences between its many IT systems and the lack of a central repository for client health data. Gaps in DIAC's client health data were reflected throughout its visa application processes, with consequential weaknesses in monitoring of health undertakings and health waivers undermining DIAC's ability to determine compliance or consistency with its own guidelines.
- 20.15 There is a particular need to address these IT limitations, as they weaken DIAC's efficiency in processing and managing visa applications, and diminish its capacity to generate meaningful data to monitor, evaluate and report performance against the health requirement. Under its *Systems for People* initiative, DIAC has outlined

preliminary costings and priorities for the redesign of its IT systems for health processing.

- 20.16 DIAC's performance framework provided little scope for performance monitoring and reporting of the health requirement. There were no outputs for the health requirement and one effectiveness measure, pertaining solely to TB. DIAC's performance framework needs to include a broader range of performance indicators and measures to provide better accountability and transparency of the health requirement. This will involve DIAC defining the cost and quality of the health requirement services it provides and assessing the overall effectiveness of the PIC.

ANAO recommendations

- 20.17 The ANAO made the following recommendations

Table 20.1 ANAO recommendations, Audit Report no. 37, 2006-2007

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| 1. | <p>To ensure that health risks to Australia are minimised, the ANAO recommends that DIAC and DoHA develop a protocol, such as a Memorandum of Understanding (MOU), that clearly define the respective roles and responsibilities of each agency in setting and managing the health requirement of the <i>Migration Act 1958</i>. The protocols or MOU should document mechanisms to achieve a well-coordinated and timely response to support DIAC in setting and reviewing the health requirement.</p> |
| | <p><i>DIAC's response: Agreed</i> <i>DoHA's response: Agreed</i></p> |
| 2. | <p>To provide a sound basis for consistent medical assessments of visa applicants against the health requirement by Medical officers of the Commonwealth, the ANAO recommends that DIAC:</p> <ul style="list-style-type: none"> • ensure an up to date and complete set of guidelines (Notes for Guidance); and • implement a formal process for regular review and appropriate endorsement of these guidelines. |
| | <p><i>DIAC's response: Agreed</i></p> |
| 3. | <p>ANAO recommends that DIAC, with assistance from DoHA, formulate comprehensive and current advice on what constitutes a threat to public health for immigration purposes. This advice should be used to inform the development of timely strategies for addressing emerging immigration issues having public health risk.</p> |
| | <p><i>DIAC's response: Agreed</i> <i>DoHA's response: Agreed</i></p> |
| 4. | <p>ANAO recommends that DIAC improve its risk management of health assessments by:</p> <p>documenting the procedure for categorising countries' risks (low to very high) for the temporary health risk matrix, giving clear indication of the basis on which the risk categories are decided, and a process for regularly reviewing them;</p> <ul style="list-style-type: none"> • regularly updating the gazetted list, <i>Specifications for countries for the purposes of regulation 2.25A</i>; • defining the methodology and reasons for selecting countries for the |

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| | gazetted list, and the basis for allocating authority for local clearance of health assessments to gazetted and non-gazetted countries; and |
| | <ul style="list-style-type: none">• evaluating its process for assessing medical reports submitted by visa applicants prior to their visa applications (front end loaded applications) with a view to developing standard procedures and guidelines to manage and monitor this process effectively. |
| | <i>DIAC's response: Agreed</i> |

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| 5. | To encourage consistency in health waiver decisions and enable accurate reporting of health waiver outcomes, the ANAO recommends that DIAC: <ul style="list-style-type: none">• in line with the department's requirements, ensure that all health waiver decisions are sent to a designated coordination point such as the Health Policy Section, for review and recording; and• ensure that sufficient data is collected to enable accurate monitoring and reporting of the outcome of health waiver decisions, including potential costs to the Government. |
| | <i>DIAC's response: Agreed</i> |

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| 6. | To improve the effectiveness of health undertakings, ANAO recommends that DIAC: <ul style="list-style-type: none">• develop guidelines on health undertakings, to provide the basis for more transparent and consistent decisions; and• consult with the States and Territories with a view to establishing arrangements to assist DIAC in monitoring and reporting of compliance for health undertakings. |
| | <i>DIAC's response: Agreed</i> |

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| 7. | The ANAO recommends that DIAC fully scope the IT needs for the health requirement, in consultation with users, and develop a comprehensive strategy and plan for improving management of client records and data collection for purposes of program management, performance and outcome reporting. |
| | <i>DIAC's response: Agreed</i> |

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| 8. | DIAC's effectiveness measure for its implementation of the health requirement of the Migration Act 1958 is the 'extent to which public health and safety is protected through migration screening'. To enable DIAC to monitor and report its progress against this, the ANAO recommends that DIAC: <ul style="list-style-type: none">• develop appropriate effectiveness indicators and effectiveness measures to monitor and report its performance in meeting key elements of the Public Interest Criteria, including diseases of public health threat other than tuberculosis; significant cost to the Australian community; and prejudice to access; and• effectively utilise data to set and review the health criteria, procedures and guidelines. |
| | <i>DIAC's response: Agreed</i> |

The Committee's review

20.18 The committee held a public hearing on Wednesday 19 September 2007 with witnesses representing DIAC, DoHA, as well as representatives from the ANAO.

20.19 The Committee took evidence on the following issues:

- Cross-agency cooperation
 - ⇒ Cooperation with DoHA

- ⇒ Memorandum of Understanding
- Development of guidelines and procedure
- The Health Risk Matrix
- Management of emerging health risks
- Health undertakings and health waivers
- Panel doctors
- IT systems
- Performance monitoring

Cross-agency cooperation

- 20.20 The Committee discussed the importance of the relationship between DIAC and DoHA in assessing public health risks.
- 20.21 While DIAC was aware of the importance of coordination with DoHA to set its health requirements, as noted in DIAC's *Procedures Advice Manual (PAM3)*⁴, the ANAO found that DIAC needed to more formally coordinate with DoHA to ensure that the implementation of the health requirement by DIAC was consistent with Australia's national health strategies. The ANAO also noted that DIAC was required to work with the Department of Families, Community Services (FaCSIA) and the Department of Employment and Workplace Relations (DEWR) to provide advice on disability and community services.

Cooperation with DoHA

- 20.22 DIAC's ability to coordinate migration health screening is reliant on technical advice and data provided by DoHA concerning diseases and medical treatments; available treatments and costs; Medicare; and information on strategies to combat communicable diseases such as TB, Human Immunodeficiency Virus (HIV) and hepatitis B.
- 20.23 The ANAO noted that the roles and responsibilities of the two agencies with regard to migration health screening had never been clearly defined or documented, despite several attempts in the past, including the establishment of the now defunct Interdepartmental Forum on Migration Health comprising representatives from DIAC, DoHA, and FaCSIA.

4 Footnote 43, ANAO Report

Memorandum of Understanding (MOU)

20.24 At the final meeting of The Interdepartmental Forum on Migration Health, DIAC had presented a draft MOU to DoHA and FaCSIA, with DIAC indicating to the ANAO that no response had yet been received on the draft from the other agencies.

20.25 In response to Recommendation 1 from the ANAO report, DIAC noted:

DIAC is working on a collaborative approach to policy development with DoHA, State and Territory public health authorities and other relevant bodies. To this end, DIAC will pursue a protocol or a Memorandum of Understanding with DoHA and other agencies to clarify our respective roles and responsibilities.⁵

20.26 Additionally, DoHA responded:

DoHA acknowledges the need for cross-agency cooperation and supports the ANAO's recommendation to formalise consultative arrangements and clear roles and responsibilities of DIAC and DoHA. Documents outlining the proposed respective roles and responsibilities have already been circulated between DoHA and DIAC with a view to incorporating agreed elements in a protocol or MoU.⁶

20.27 The Committee expressed its support for more formalised agreements and cooperation between DIAC and DoHA. The Committee was informed that there had been an evolving series of practices over time that had not been formally adopted, that the MoU had led to clarification of the roles and responsibilities of DIAC and DoHA, and that the MoU had recently been concluded.⁷ The Committee is pleased to see both agencies responding rapidly to the ANAO recommendation and formalising practices.

5 ANAO Audit Report no. 37, 2006-2007, p. 60

6 ANAO Audit Report no. 37, 2006-2007, p. 60

7 Mr Hughes, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA2

Development of Guidelines and Procedures

- 20.28 The Committee then examined guidelines and procedures that underpin the health assessment of visa applicants.
- 20.29 Information supporting the PIC is contained in DIAC's manuals and guidelines such as PAM3 and *Notes for Guidance* for Medical Officers of the Commonwealth (MOCs). The ANAO reported that as migration matters were subject to court appeal, MOCs required reliable and up to date guidelines (in the form of *Notes for Guidance*) to enable them to reach robust, consistent and legally defensible opinions.
- 20.30 The ANAO noted the development, updating and review of *Notes for Guidance* had been continually problematic over several audits regarding migration matters, and recommended that DIAC finalise a complete and up to date set of *Notes for Guidance* and that there be a formal process for review of said guidelines. DIAC agreed with the recommendation.
- 20.31 The Committee was informed that, subsequent to the ANAO's recommendation, DIAC had implemented clearer guidelines for MOCs⁸ and that said *Notes for Guidance* would be reviewed and updated annually.⁹ Further, in its response to the audit, DIAC noted there was the capacity to request an ad-hoc review if required, and that DoHA and other relevant agencies would now be consulted during the drafting of *Notes for Guidance*.¹⁰

The Health Risk Matrix

- 20.32 Noting the dynamic nature of potential risks to public health, the Committee expressed its concern at the absence of mechanisms enabling reviews of the Health Risk Matrix (HRM), and examined the issue further.
- 20.33 In order to identify visa applicants who may pose undue health risks to Australia, DIAC is required to conduct health screening of all visa applicants.

8 Mr Farrell, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA2

9 Mr Farrell, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA4

10 ANAO Audit Report no. 37, 2006-2007, p. 66

- 20.34 The first step in this process is for visa applicants to answer questions about their medical history and health status and to sign a health declaration. Along with information contained in the HRM, the information contained in the health declaration is then used to determine if further examination or action is required.
- 20.35 DIAC uses the HRM to determine the medical screening required by assessing the risk level of the applicant's country of origin and their proposed period of stay in Australia.
- 20.36 DIAC advised that the risk level of each country was based on its incidence of TB, and that the risk level was reviewed every two years, but that they could not confirm if the matrix was soundly based or current.¹¹
- 20.37 As there were no clear guidelines for review of the HRM, the Committee inquired what circumstances acted as a trigger for DIAC to reassess the matrix. The Committee was informed that while the HRM was not subject to a formal review period, it had been monitored with the assistance of DoHA and other agencies, and that following the recommendations of the ANAO, the Health Risk Matrix would be evaluated annually.¹²
- 20.38 Accordingly, the Committee makes the following recommendation:

Recommendation 35

The Committee recommends that DIAC institute clear guidelines for review of the Health Risk Matrix outside of the provision for annual review to take into account events and developments which may act as prompts for review outside of the annual review period.

Management of emerging health risks

- 20.39 The Committee expressed its continuing concern at the ability of DIAC and DoHA to adequately respond to potential health risks, noting that settlers from regions outside of Australia's traditional migrant sources may have had exposure to diseases or conditions

11 ANAO Audit Report no. 37, 2006-2007, p. 84

12 Mr Farrell, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA4

unfamiliar to Australian authorities. Further, the Committee examined the ability of the agencies to identify potential public health risks previously unencountered by health officials, such as variant flu strains, localised illnesses and new health risks.

- 20.40 The Committee was informed that potential health risks would have to be identified off-shore in the first instance, and that DoHA would seek expert advice from experts such as the Australian Health Protection Committee and the Communicable Diseases Network Australia on the potential risk to public health.¹³ Further, it was indicated that a consequence of the recently signed MoU was for a fortnightly international health surveillance report received by DoHA to be provided to DIAC to enable both Health and Immigration officials be made aware of new strains and diseases that pose a potential threat to Australia.¹⁴
- 20.41 The issue of new migrants being exposed to diseases or conditions unfamiliar to Australian authorities was explored, with the Committee being informed that this issue had been addressed, with the introduction of pre-departure medical screening.¹⁵

Health undertakings and health waivers

- 20.42 The Committee also expressed its concern at the monitoring of health undertakings and health waivers.
- 20.43 Under the Regulations, a MOC can request a visa applicant to sign a health undertaking as a prerequisite to satisfying the health requirement.¹⁶ The visa holder, on their arrival in Australia, must then present themselves to the health authority in their intended State or Territory of residence for a follow-up medical assessment.
- 20.44 A visa applicant may be required to sign a health undertaking if they have a disease or condition that the MOC determines to warrant a

13 Ms Halbert, DoHA. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA9

14 Mr Parsons, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA10

15 Mr Hughes, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA4

16 Migration Regulations 1994, Schedule 4, Public Interest Criteria (PIC) 4005(d); 4006A(1)(d); and 4007(1)(d). Also, DIAC Procedures Advice Manual (PAM3), 1 July 2006, p. 126-129.

- health undertaking, including a history of treatment for diagnosed or suspected TB, and if the applicant is pregnant and has not undergone the standard chest x-ray examination as a result of the pregnancy.
- 20.45 Health undertakings are administered by State and Territory health authorities, requiring DIAC to establish formal protocols for monitoring and compliance. At the time of the audit, there were some informal arrangements, but these did not provide comprehensive data on compliance with health undertakings and outcomes.
- 20.46 The Committee was informed that a formal system of follow-up would be resource intensive, and that a number of proposals had been developed which were being considered by the government at the time of the hearing.¹⁷
- 20.47 The Committee inquired whether guidelines on health undertakings to provide the basis for more transparent and consistent decisions had been prepared following the publication of the ANAO recommendations. It was advised that while a set of guidelines had been prepared, it was expected that a set of enhanced guidelines would be presented provided a funding application package was approved by the government.¹⁸
- 20.48 Despite this, the Committee expressed its concern that a set of guidelines could not be provided upon request. A clear set of guidelines for the monitoring of health undertakings, combined with clear protocols with individual States and Territories are both vital to not only provide adequate performance management data, but to increase compliance with health undertakings signed by visa holders.
- 20.49 Accordingly, the Committee makes the following recommendations:

17 Mr Hughes, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA9

18 Mr Farrell, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA11

Recommendation 36

The Committee recommends that DIAC conclude clear protocols with each State and Territory to enable improved compliance of visa holders with health undertakings.

Recommendation 37

The Committee recommends that DIAC produce a clear set of guidelines for the monitoring of health undertakings to assist in the improvement of visa holder compliance with health undertakings.

Panel Doctors

- 20.50 DIAC relies on overseas panel doctors to provide medical examinations to visa applicants, by maintaining a list of over 3,600 doctors and radiologists approved to undertake medicals.
- 20.51 The Committee inquired as to the measures used to determine the credibility and expertise of these doctors, noting it was important to ensure set procedures were in place to prevent sub-standard medical practitioners performing such an important role.
- 20.52 The Committee was informed that a global medical unit based in Sydney managed the panel doctor network and provided screening of panel doctors. The procedure for appointing and maintaining panel doctors involved an initial assessment, and regular follow-up through e-mail or personal contact with doctors to ensure their skills and knowledge remain up to the required standards.¹⁹

IT Systems

- 20.53 At the time of the audit, DIAC utilised several unintegrated IT systems to manage data, process visa applications and to generate reports for performance management purposes. By DIAC's own admission, the systems were limited and not ideal, and prior to the audit, DIAC had been working on an integrated IT system.

¹⁹ Mr Farrell, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA10

- 20.54 In responding to the ANAO's recommendation, DIAC noted it had established a Health Services Project and a Health Working Group to advance the project, with the working group meeting monthly to assist in the development of business direction and to provide advice and make recommendations to the project team.²⁰
- 20.55 The Committee was informed that an end-to-end review of processes had been completed and that DIAC was still examining the ideal way to integrate an IT system into DIAC's processes, with a health portal being planned.²¹
- 20.56 The Committee was pleased to hear that an integrated IT system designed to function as a central repository of visa applications and health information has been budgeted for and is in the final stages of construction.²² The Committee believes a central database for visa applications and the management of the health data of visa applicants is vital to provide reliable data to DIAC for internal performance monitoring and to eliminate the numerous inconsistencies and duplications in data received by DIAC relating to visa applications.

Internal performance monitoring

- 20.57 While DIAC has several monitoring and audit processes in place to monitor processes and management in relation to health assessments, the ANAO noted the limited capabilities of mechanisms used to examine data used for performance management and monitoring.²³
- 20.58 As a result, DIAC was unable to accurately state how many health assessments had been completed, and how many visa applicants were refused visas as a result of not fulfilling the health requirement. The ANAO noted that a primary cause of this problem was the use of several unintegrated IT systems by DIAC to process visa applications and manage data as mentioned above.

20 ANAO Audit Report no. 37, 2006-2007, p. 125

21 Mr Farrell, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA6

22 Mr Parsons, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA12

23 ANAO Audit Report no. 37, 2006-2007, p. 131

- 20.59 The Committee heard that DIAC had an active internal risk-based audit program and a departmental audit committee with an external Chair and with representation by the ANAO.²⁴
- 20.60 Further, DoHA advised the Committee that they were approaching the conclusion of a significant enterprise risk management exercise which was designed to lead to a new iteration of the department's enterprise risk management plan.²⁵
- 20.61 The Committee expressed its support for these positive developments, but noted more training was required by both departments to enhance the anticipated improvements in performance monitoring and assessment gained via improved data collection and analysis.
- 20.62 Accordingly, the Committee recommends:

Recommendation 38

The Committee recommends that DIAC and DoHA revise their training programs to include a focus on improving staff skills in performance monitoring and assessment to assist in greater departmental compliance with performance management requirements.

24 Mr Hughes, DIAC. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA7

25 Mr Learmonth, DoHA. Committee Hansard, Joint Committee of Public Accounts and Audit, Review of Auditor-General's reports Nos 21 (2006-2007) to 3 (2007-2008), Wednesday 19 September 2007, p. PA8