EXECUTIVE COUNCIL

PUBLIC

Title:	Immigration Health Assessment Policy – May 2026
Paper Number	87/26
Date:	2nd June 2026
Responsible Director:	Emergency Services and Island Security / Director of Health & Social Services
Report Author:	Head of Immigration, Customs & Immigration (C&I) / Director of Health & Social Services
Portfolio Holder:	MLA Lewis Clifton / MLA Dot Gould
Reason for paper:	This paper is submitted to Executive Council: For policy update/information
Publication:	Yes
Previous papers:	- Medical Assessment Forms (230/06) - MTO Budget Paper (179/14) - Trial of Short Form (134/20) - Medical and Dental Screening Process (117/22) - Continued use of Short Form (149/23)
List of Documents:	Appendix 1 – Immigration Health Policy – May 2026 Appendix 2 – Report - Medical Template – May 2026 Appendix 3- Medical and Dental Screening Process ("MDSP") Annex Appendix 4- Medical Assessment Form

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1. Recommendations

Honourable Members are recommended to:

(a) Consider and approve the adoption of the Immigration Health Assessment Policy – May 2026 attached at appendix 1. This Policy seeks to introduce specific conditions, treatments and required medications that are likely to be considered a "substantial charge on public funds."

(b) Consider and approve the adoption of the Report – Medical Template – May 2026 ("KEMH Report") attached at appendix 2. This is the document sent to Customs & Immigration ("C&I") to enable the Principal Immigration Officer ("PIO") to make a decision on whether to issue a permit, or to refuse it on "substantial charge" grounds.

2. Additional Budgetary Implications

None.

3. Executive Summary

3.1 The Immigration Ordinance 1999 and accompanying regulations outline the form and manner in which an application for a work permit, accompanying dependent permit, dependent permit or carer permit may be made and the information to be provided in connection with any such application.

3.2 The PIO may refuse to issue a permit if a health assessment included in an application is that the applicant is likely to be or become a substantial charge on public funds because of the applicant's medical, dental or health care needs if a permit is issued. The PIO also has the discretionary power to impose conditions in relation to the issue of a permit which are considered reasonably necessary to ensure that the holder of a permit is not, and is not likely to become a substantial charge on public funds because of the applicant's medical, dental or healthcare needs.

3.3 It is well-established that health assessments are an essential, practical and legal requirement for those seeking to move or remain in the Falkland Islands for work or residence purposes. Work has continued over the last several years between C&I and the King Edward VII Memorial Hospital ("KEMH") to make the health assessment process as efficient and effective as possible.

3.4 In practice, it is acknowledged that establishing a health assessment framework that is both robust and proportionate, while continuing to support the effective movement of people into the Falkland Islands, can be challenging. In this context, consideration must be given to medical or health conditions which, because of their complexity, cost, or the limitations of local healthcare provision are able to be treated without a substantial cost to public funds within the Islands or are likely to require treatment overseas or medical evacuation.

3.5 In light of these challenges, The Immigration Health Assessment Policy – May 2026 ("the Policy") seeks to provide guidance on the types of conditions, illnesses, treatments and required medications associated with an applicant's medical or healthcare needs are deemed to impose a substantial charge on public funds and therefore may lead to a permit refusal by the PIO. The Policy does not depart from prior practice in relation to health assessments but instead formalises and provides greater clarity on the categories of medical, health, or dental needs that are likely to amount to a "substantial charge."

3.6 The conditions, illnesses, treatments and required medications identified within the Policy are not exhaustive. They are intended to assist in assessing whether, in the particular circumstances of a case, an applicant is likely to represent a substantial

charge on public funds. Other conditions or factors not expressly listed within the Policy may be relevant and may be taken into account when determining if a permit should be granted or refused.

3.7 The Policy has been informed by the approach adopted by New Zealand immigration authorities in assessing medical conditions, illnesses, treatments and required medications in the context of immigration decision-making. That comparative material has been adapted where appropriate to reflect the distinct legal framework of the Falkland Islands, together with the capacity, resources and operational limitations of local healthcare provision faced by KEMH here in the Falklands.

4. Wider background to the Immigration Health Assessment Policy

4.1 Health assessment forms have been in place since 2006 (230/06), the objective of the forms was to limit and reduce the FIG Medical Department's exposure to costs.

4.2 In 2014, driven by a political imperative to protect the Medical Treatment Overseas (MTO) budget, paper (179/14) introduced new forms and new additional requirements.

4.3 In 2019 following work with the Chief Medical Officer ("CMO") a newly revised short Medical Certificate form was agreed and designed. Statistics, data and evidence were sought where possible and relied on to make the case for the changes, the form sought to reduce inefficiencies whilst preserving the protections of the system.

4.4 In September 2020 paper 134/20 was approved by Executive Council which agreed the 6 months trial of the new form for use by all British Citizens and British Overseas Territory Citizens ("BOTC").

4.5 In July 2021 paper 98/21 did not identify any adverse impact from the use of the short form for British applicants and proposed that the trial continue for a further 9 months to take the trial to May 2022 (a total of 18 months), it was felt a longer trial period would be beneficial in order to see how well the short form would continue to perform.

4.6 In 2022 the CMO agreed that the short form could continue to be used for British applicants, minor tweaks and improvements are made in an on-going fashion following consultation between C&I and KEMH to ensure the effectiveness and efficiency of the form (74-22). ExCo was further updated to the continued effectiveness of the short form in paper 149-23.

4.7 Associated work has also been undertaken to ensure that the process whereby KEMH pass on their health assessment to the PIO is as consistent and clear as it can be. The KEMH assessment is a key element of the information within the overall permit application that will be used by the PIO to make a decision on whether to grant or refuse the application. It is crucial that overall risk, impacts and probable outcomes are clearly communicated to the PIO so that a robust, understandable, and defendable decision can be made. It is also equally important that Executive Council have access to clear and structured information for their assessment should a decision to refuse a permit be challenged by the applicant and a request for Executive Council review is triggered.

4.8 To this end the Medical and Dental Screening Process ("MDSP") Annex (appendix 3), was approved by Executive Council (paper 117-22) and was rolled out in May 2023 for use by KEMH. It articulated the FIG immigration policy used for health assessments, the reasons for the policy, how it operates, time-frames and communication channels. It also included a new report template completed by KEMH and passed to C&I for an immigration decision, this was designed to give C&I crucial extra information on operational, financial and other impacts at the point of decision making for a permit without the need to regularly go back to KEMH for extra information.

To note: It is vital that the report is completed fully by KEMH to enable a robust decision, this was not always the case and full completion of the form by KEMH has since been mandated by Executive Council.

4.9 In 2026, the Immigration Health Assessment Policy has been designed based on the previous MDSP Annex, this has been undertaken following extensive consultation with GPs at KEMH and now provides details including example costings for the operational, financial, and other impacts – see appendix 2. It is proposed that the Report Template found at appendix 2 replaces the previous MDSP Assessment Report Template and a change from the assessment criteria from a red/amber/green rating system to a low, moderate and high impact rating. The current Medical Assessment Form (appendix 4) has been reviewed, and should the Policy be approved, it is not considered that any amendments would be required to this form.

4.10 The updated assessment report template was trialled for a period of one month prior to this report and is considered to have improved the robustness of decision-making, particularly by providing clearer and more comprehensive information regarding current and prospective costs associated with an applicant's health and medical needs in order to assist the PIO when considering permit applications.

5. Analysis section

Option 1:

5.1 Executive Council is recommended to approve the Immigration Health Policy – May 2026 (Appendix 1), which provides a list of conditions which are likely to result in a "substantial cost" and consequently a refusal of a permit application.

5.2 Also recommended for approval is the Report – Medical Template – May 2026 (appendix 2), this form will replace the previous MDSP Assessment Report Template and will ensure the PIO has all pertinent information to hand to enable a fully-informed and robust decision to be made on the presence of "substantial charge" in permit applications.

Option 2:

5.3 Do not approve the adoption of the Immigration Medical Policy and associated Medical Assessment Template, thereby continuing decision-making in the absence of this guidance. This is likely to result in inconsistent assessments of health-related refusals, increasing the risk of challenge and the number of decisions requiring review by Executive Council.

6. Consultation

6.1 KEMH, C&I.

7. Resource Implications

7.1 Financial Implications

None arising directly from this report. However, as the proposed Immigration Health Policy will restrict the pool of individuals, and any accompanying family members, that may be granted a work or dependent permit; it is likely that financial and other resource costs will be incurred as a result of failed recruitment rounds, and/or additional recruitment costs as a result of failed employee retention.

7.2 Human Resource Implications

None arising directly from this report. However, permit applications refused under the proposed Immigration Medical Policy will impact recruitment and retention within both the public and private sector workforce.

7.3 Other Resource Implications

Nil.

8. Legal and Legislative Implications

8.1 Immigration permits are issued in accordance with the provisions of the Immigration Ordinance 1999 and the Immigration (General) Regulations 2021 (Permanent residence permits are issued in accordance with the provisions of the Immigration Ordinance 1999.

8.2 Immigration permits may be refused by the PIO if an individual is, or is likely to become, a "substantial charge on public funds"; this is defined within the Immigration Ordinance 1999 as meaning –

"a charge on public funds or any other impact on public resources that it is unreasonable, in all the circumstances, to expect the Government to bear".

8.3. The introduction of the policy provides further guidance on the types of conditions, treatments, or required medications that are likely to result in a refusal on the basis that the applicant is, or is likely to become, a substantial charge on public funds. As noted in the report, the list of conditions, treatments, and required medications set out in the policy does not represent a departure from previous practice. Rather, it seeks to enhance transparency in decision-making by providing greater clarity on the types of medical and healthcare needs that are likely to be considered a substantial charge, with a view to mitigating the risk of challenge where the PIO refuses an application.

8.4 The legal test governing the PIO's discretion to refuse an application or to apply conditions remains unchanged and is still required to be followed in the determination of permit applications, based upon its individual facts and circumstances.

9. Equalities and Human Rights Implications

9.1 In relation to equalities and human rights implications for the proposed policy, at the very outset, it is important to lay out that caselaw guidance under ECHR has repeatedly stressed that ECHR does not guarantee the right to individuals enter and settle in a particular country. It is also important to note that section 1 of the Falkland Islands Constitution Order 2008 states that 'every person in the Falkland Islands is entitled to fundamental rights and freedoms of the individual', therefore fundamental rights in relation to individuals going through immigration processes will vary depending on whether the persons applying or impacted by the immigration decisions are within the Falkland Islands or not.

9.2 In relation to Accompanying Dependent Permits, Article 8/Section 9 right to family life may be engaged to some extent, however, the right is not absolute and therefore, cannot be considered to impose a general obligation to authorise family reunification in the country However, considerations would be different in case of cancellation of Accompanying Dependent Permits where expulsion of individuals from the Falkland Islands would breach Article8/section 9 right to family life. It is pertinent to note, that where children are involved, their best interests must be taken into account as per guidance under UN Convention on the Rights of the Child.

9.3 The Policy may also engage Article 14/Section 16 right to protection from discrimination regarding persons with disabilities. In case of differential treatment, the reasons for differential treatment should be objectively justified and proportionate. In this regard, assessment of immigration applications based on a framework of available medical resources provided in the Policy, rather than arbitrary exclusions, could objectively justify the differential treatment in a proportionate manner. However, it is important for the PIO to conduct rigorous individual assessments and balance right to protection from discrimination against the right to life of individual applicants, especially, where medical resources on the Islands are inadequate and can impede obligations of FIG to provide emergency treatments in life-threatening situations to certain individuals.

10. Environmental & Sustainability Implications

10.1 Nil

11. Camp Implications

11.1 The Policy will apply equally to permit applications made by residents of Stanley and Camp.

12. Significant Risks

12.1 Nil

13. Publicity and Outreach

13.1 The latest versions of all medical forms and guidance are available on the C&I website. The Immigration Health Assessment Policy document will also be placed on the website. It is recommended that prospective job applicants are made aware early on of the medical/healthcare factors that may impact on whether they will be granted a work permit, and that recruitment managers signpost applicants to the relevant guidance and forms on the C&I website before individuals begin applying for a permit.

14. Reasons for Recommending Preferred Option

14.1 The Immigration Health Assessment Policy offers applicants for permits a clear view on what conditions, illnesses, treatments and required medications will likely lead to the refusal of their application by the PIO under the Immigration Ordinance 1999 for medical "substantial charge" reasons.

14.2 It will help to protect medical services for the resident population of the Falkland Islands.

14.3 It will ensure consistency in relation to consideration of applications and provides clarity to applicants in relation to what medical conditions, treatments and required medications may give rise to refusal.

Immigration Health Assessment Policy 2026

Review	Date	Comment	Authority

Review History:

1. Purpose

1.1 The purpose of this policy is to set out how the Falkland Islands Government will consider health assessments for the purposes of assessing permit applications in accordance with the Immigration Ordinance 1999.

1.2 This policy provides guidance on the types of medical conditions, illnesses, treatments, or medications associated with an applicant's medical or healthcare needs which will be relevant in determining whether an applicant is likely to represent a substantial charge on public funds.

1.3 This policy is for use by the Falkland Islands Customs and Immigration Service, the Chief Medical Officer, relevant Medical Practitioners, permit applicants and prospective employers of applicants.

1.4 This policy applies to immigration applications in respect of which a health assessment is required, including applications for work permits, accompanying dependent permits, dependent permits, and carer permits.

1.5 This Policy will be reviewed annually or sooner if considered necessary.

1.6 This Policy should be read in conjunction with the following documents:

- Medical Assessment Form
- Relevant Permit Application Form
- Health Requirements Leaflet
- MDSP (Medical and Dental Screening Process) Annex

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2. Decision Making- Health Assessment

2.1 In accordance with the Immigration Ordinance 1999 and accompanying regulations, a health assessment is required in relation to the following:

- Work Permits
- Accompanying Dependent Permits
- Dependent Permits
- Carer Permits

2.2 Upon consideration of an application for a permit, the Principal Immigration Officer may refuse to issue an application for a permit if:

"*It appears likely that, if it were issued, the applicant would be or become a substantial charge on public funds because of the person's medical or healthcare needs".*

2.3 Substantial charge on public funds is defined as meaning –

"a charge on public funds or any other impact on public resources that it is unreasonable, in all the circumstances, to expect the Government to bear."

2.4 The Principal Immigration Officer may also decide to impose conditions in relation to the issue of a permit which are considered reasonably necessary to ensure that a holder of a permit is not and is not likely to become a substantial charge on public funds because of the applicant's medical, dental or healthcare needs.

2.5 The Principal Immigration Officer will carefully consider each application upon the basis of its own facts and consider any relevant advice provided by the Chief Medical Officer and relevant policies.

2.6 Due to the nature of the medical system within the Falkland Islands and the limits in relation to the resources available to meet medical, dental or healthcare needs, there are conditions, treatments and medications that have been defined as likely to amount to a "substantial charge to the public fund" and therefore the Principal Immigration Officer may refuse a permit application if the applicant has any of these conditions.

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3. Conditions likely to amount to a substantial charge

3.1 Refusal of an application for a permit ***may be likely*** if the applicant, or somebody else included in the application, has any of these conditions:

- Hepatitis B-surface antigen positive requiring anti-viral treatment
- Hepatitis C-RNA positive requiring anti-viral treatment
- HIV infection requiring regular CD4/Viral load screening
- Haemophilia – or other complex blood disorders
- Malignancies of organs, skin (such as melanoma) and haematopoietic tissue, including if you have had this in the past, or are currently undergoing treatment. Exceptions are:
  - treated minor skin malignancies
  - malignancies where the length of time since treatment means the likelihood of it recurring is below 10%
- Requirement for organ transplants or following organ transplant when immune suppression is required
- Severe, chronic, progressive, or poorly controlled renal or hepatic disorders
- Poorly controlled endocrine disorders
- Musculoskeletal diseases or disorders, such as osteoarthritis and osteoporosis, likely to require surgery
- Severe, chronic or progressive neurological disorders, including but not limited to:
  - any dementia including Alzheimer's disease
  - poorly controlled epilepsy
  - complex seizure disorder
  - cerebrovascular disease
  - cerebral palsy
  - paraplegia, quadriplegia
  - poliomyelitis
  - Parkinson’s disease
  - motor neurone disease, Huntington’s disease, muscular dystrophy
  - prion disease
  - relapsing or progressive multiple sclerosis or both
- Cardiac diseases, including but not limited to:
  - Severe ischaemic heart disease
  - Cardiomyopathy
  - Valve disease likely to require surgery, other procedural intervention, or both
  - Aortic aneurysm likely to require surgery, other procedural intervention, or both
- Chronic respiratory disease, including but not limited to:

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- Severe or progressive restrictive (including interstitial) lung disease, or both
- Severe or progressive obstructive lung disease, or both
- Cystic fibrosis

- Significant or disabling hereditary disorders, including but not limited to:
  - Hereditary anaemias and coagulation disorders
  - Primary immunodeficiencies
  - Gaucher's disease

- Severe autoimmune disease that may require treatment using immune-suppressant medications other than Prednisone, Methotrexate, Azathioprine or Salazopyrin
- Severe (71–90 decibels) hearing loss or profound bilateral sensori-neural hearing loss (after best-possible correction at country of origin), where significant support is required, including cochlear implants
- Severe vision impairment with visual acuity of 6/36 or beyond (after best-possible correction at country of origin), or a loss restricting the field of vision to 15–20 degrees where significant support is required
- Severe developmental disorders or severe cognitive impairments where significant support is required, including but not limited to:
  - Physical disability
  - Intellectual disability
  - Autistic spectrum disorders
  - Brain injury

- Psychiatric illness or addiction, or both, including any psychiatric condition that has required hospitalisation or significant support, or both
- If an applicant has health or medical related needs where it is or may be likely that they will require medical evacuation from the Falkland Islands in order to receive treatment. It is noted there is a *maximum weight capacity* for patients for med-evacs (this is 113kg), patients that exceed the maximum allowed weight *will not be able to be easily med-evaced from the Falklands* and may require specialist medevac arrangements.
- Problems related to serious Dental decay or advanced gum disease
- Problems related to Dental implants or fixed orthodontic appliances (braces)
- History or diagnostic findings of, or treatment for, Multidrug Resistant Tuberculosis ("MDR-TB") or Extensively Drug-Resistant Tuberculosis ("XDR-TB")
- If you are currently taking a medication that is not possible to source through our supply chain in the Falkland Islands without giving rise to a substantial charge, or your medication costs are likely to be more than £2,500 p.a.

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APPENDIX 2

Falkland Islands Government – Directorate of Health and Social Services
Detailed Assessment (Medical/Dental needs) of an Immigration Applicant

In support of FIG Immigration Policies, the Chief Medical Officer / Senior Dental Officer (or delegated representative(s)) is required to make a professional (clinical) assessment of the suitability of all immigration applicants. This assessment is provided to the Principal Immigration Officer (PIO), for them to determine whether the applicant is likely to be or become a substantial charge on public funds by reason of the medical/healthcare needs. The below assessment has been made in conjunction with relevant specialists and current medical/dental professionals associated with the applicant(s) but is overlaid with the context on clinical *Capacity* and *Capability* available within the Falkland Islands.

Applicant's Name:	**Applicant's D.O.B:**

<u>Operational</u> Impact of medical/healthcare needs if the was application is approved (tick all which apply):

Low

1.A ☐ No significant impact expected given information provided

Moderate

1.B ☐ Has medical condition(s) which may represent a moderately increased operational impact, but which can be managed in existing resources (specify in medical summary)

High (mark all which apply)

1.C ☐ Has medical condition(s) which cannot be adequately managed in the Falkland Islands due to lack of clinical capability or diagnostic facilities, including those specified on the 'red list'

1.D ☐ Has medical condition(s) which will impact on the capacity of a particular service to such an extent so as to be detrimental to its availability of the existing resident population or so as to exceed that service's current capacity.

1.E ☐ Has medical conditions(s) which represent a significant clinical likelihood of requiring emergency medevac which could only be managed by an RAF asset (weight over 113kg). Such a move requires the local hospital to provide a medical team who may be unavailable to the wider service for 48hrs or more. Cost of RAF asset starts at £65,900 excluding treatment costs.

1.F ☐ Other significant operational impact (specify in medical summary)

<u>Financial</u> Impact of medical/healthcare needs if the application is approved:

Low

2.A ☐ No significant impact expected given information provided

Moderate

2.B ☐ Has medical condition(s) which may represent a moderately increased financial impact, but which can be managed in existing budgets (specify in medical summary)

High (mark all which apply)

2.C ☐ Has medical condition(s) which represents a significantly increased likelihood of an emergency medevac being required. Cost of emergency medevac to South America starts at £35,000 (air ambulance plus treatment)

2.D ☐ Has a known need for, or there is a significant likelihood of, requiring elective medical treatment overseas. Costs for this start from £2,500

2.E ☐ Has a known need for, or there is a significant likelihood of medication costing over £2,500 per annum, or a medication which cannot be accessed through the local supply chain.

2.F ☐ Has a medical condition, which on balance of probability is likely to deteriorate and represent a significant financial burden whether through local treatment, or treatment overseas.

2.G ☐ Has medical conditions or symptoms requiring further investigation, and which until resolved or adequately investigated have the potential to represent a significant risk of financial burden.

2.H ☐ Other significant financial impact (specify in medical summary)

Other Impact of medical/healthcare needs if the application is approved (see guidance):

Low

3.A ☐ No significant impact expected given information provided

Moderate

3.B ☐ Has medical condition(s) which may represent an increased risk to the individual or healthcare professionals (specify in medical summary) which cannot be managed within the resource available.

High (mark all which apply)

3.C ☐ Has medical condition(s) which are not capable of being adequately managed within the Falkland Islands and which appear likely to result in the applicant becoming a substantial charge on public funds due to the need for additional specialist care

3.D ☐ There is assessed to be a significant risk to the individual's health when the locally available resources and treatment options in the Falkland Islands are considered.

3.E ☐ Evidence of a failure to engage with health services, or follow medical advice respect of a medical, health or dental need which has exacerbated the condition or is likely to cause significant issues in the future

3.F ☐ Other impact (specify in medical summary).

Medical Summary from KEMH to PIO

Leave blank if low impact.

If moderate/ high impact, summarise medical condition(s) and provide a supporting statement to link their condition(s) to the impact assessment above.

Provide any further information which may be relevant to the Principal Immigration Officer in assessing the likelihood of the individual becoming a substantial charge on public funds.

If there is a difference in opinion, between first and second reviewer provide an explanation.

Supplementary comments from second review (if any)

Details of External Professionals Consulted in Making this Assessment (such as Specialists):

Name of Assessing Doctor (KEMH) BLOCK capitals: **Date:**

Name of Seconding Doctor (KEMH) BLOCK capitals: **Date:**

Annex MDSP
Dated 30 Jan 2023

APPENDIX 3

FIG Immigration Policy – Medical and Dental Screening Process (MDSP) Annex

Version History:

Version	Date	Comment	Authority
1.0	20 Oct 22	Initial document draft – Not published	DHSS
1.1	15 Nov 22	Updated following Peer Review	DHSS
1.2	16 Nov 22	Updated following CE input.	DHSS
1.3	16 Jan 23	Updated following Legal input and C&I input.	DHSS
1.4	19 Jan 23	Updated following HR input.	DHSS
1.5	30 Jan 23	Updated – minor format changes.	DHSS

1. **Introduction**. The Medical and Dental Screening Process (MDSP) is a critical element of the Immigration review for applications to live and/or work within the Falkland Islands. This Annex seeks to outline the responsibilities of the Directorate of Health and Social Services (DHSS), in their role in supporting Customs and Immigration (C&I) when considering applications for work and/or residency permits.

2. **Responsibilities**. The DHSS does not hold any authority to deny an application purely on the grounds of medical concerns identified. The decision as to whether an application should be refused or granted lies with the Principal Immigration Officer (PIO).DHSS staff, through the Chief Medical Officer's (CMO) Office, are obligated to make a professional assessment of the Medical *Supportability* of all applicants to the extent of enabling the PIO to determine whether it is likely the applicant is or would become, a substantial charge on public funds because of their medical or healthcare needs in accordance with the legal framework of the Immigration Ordinance 1999 (the Ordinance). The DHSS assessment will include a summarising recommendation, which shall be provided to the PIO through C&I. If, from the medical assessment and KEMH recommendation, the PIO deems it likely the applicant is, or would become, a substantial charge, this will be considered against any other circumstances in determining whether the substantial charge is such that it would be unreasonable for the Government to bear in all the circumstances.

3. **Authority**. The Director of Health and Social Services grants delegated authority to the most senior clinician within the Falkland Islands (CMO), to oversee the assured processes of the medical assessments. This does not mean that the CMO is conducting every assessment personally, however it is under her/his clinical guidance that other clinical staff and hospital administrators operate. Additionally, the CMO reviews all applications which are deemed 'unsupportable'. The Director equally delegates authority to the Senior Dental Officer (SDO) and their team, to make an assessment on an applicant(s) oral health.

4. **Context**. The Falkland Islands, whilst part of the British Overseas Territories, does not have immediate access to advanced secondary care or diagnostic capabilities. The King Edward VII Memorial Hospital (KEMH) is a GP led health facility which also provides limited secondary care provision, along with some enhanced imaging and limited laboratory capabilities. Furthermore, the geographic isolation means that referral to definitive and/or emergency care, which cannot be met within 'on-island' capabilities, need to be transferred or medically evacuated (medevac'd) to a partnered nation such as Chile, Uruguay or the UK. This means the medical risk within the Falkland Islands needs to be well managed – hence the requirement for a robust level of scrutiny in considering applications for work/accompanying dependent/dependent/permanent residence permits. This safeguards the limited 'on-island' resources; the

corporate responsibility which FIG holds; and just as importantly, it protects applicants, who may not be fully aware of the limitations of our national health system.

5. **Sharing of Information**. The Chief Medical Officer and/or Senior Dental Officer may be required to share an applicant's medical information with the key decision maker (the PIO) in the application process. Applicants are required to expressly consent to their medical information being shared with other Falkland Island Government Departments to the extent necessary for the consideration of the application. It has been agreed and reiterated amongst professionals that only information which is assessed to be necessary for the PIO to make their determination will be shared by the CMO's Office. In order to ensure transparency, consistency and clarity over exactly what type of information will be shared, a standardised template is used (Appendix 1 to this Annex). This document will be the only one which is shared from DHSS to the PIO in order to inform the PIO's decision making.

a. **Specialist Information**. Where further specialist information is required by the CMO/SDO to make an assessment, she/he will be required to discuss applications with specialist clinicians who have been treating/ have previously treated the applicant(s). Furthermore, there may be a requirement for the CMO/SDO (or their team) to discuss with other specialists within the KEMH. This may include our Laboratory, Emotional Wellbeing Service, Pharmacy or Speech and Language etc.

6. **What is Considered During the MDSP?** During the MDSP, the clinical team review all information provided by the applicant in their medical paperwork. A particular condition that is supportable for example in the UK may not be supportable within capabilities available of the on-Islands medical system. It may also be because we do not have the clinical skills to manage the condition; our clinical capabilities are limited; the condition/problem will divert too much clinical time away from the current resident population; the risk of needing to medevac the individual is too significant; or based on available resources and time frame for extraction[1]. KEMH's primary focus is the safety of patients and safeguarding the 'on-island' resources.

7. **Timeframe**. On average, most MDSP are conducted within 10 working days of initial receipt of the complete application. However, this can be extended if information is missing, incomplete or inaccurate. Furthermore, there may be a requirement to seek specialist advice (per para 5a above), which can significantly increase waiting times. However, expeditious processing is a key function of the MDSP and Immigration process. Any significant delays will be communicated to the applicant, via Customs and Immigration.

8. **Communication**. The CMO/SDO's team may need to contact the applicant(s), for example if there is a requirement to clarify information within the application or seek details of their specialist consultant. However, this is often not required if the applicant is accurate and includes all relevant information. Once an assessment has been made, this is passed to Customs & Immigration. The applicant(s) will only be informed that the MDSP has been completed and passed to Customs & Immigration for review. The medical/dental team will **not** confirm if the recommendation was to approve or not approve on medical grounds. This is to avoid any confusion over the overall status of the immigration application; remembering that the DHSS does not have authority to refuse a permit; but instead provide professional recommendations. Applicants are kindly asked to not chase for updates via the hospital staff, but instead via C&I who will know the status of the MDSP or will chase the DHSS staff, on behalf of the applicant, if applicable.

8. **Challenge**. There is no right to challenge a recommendation of non-supportability itself as the applicant will not be made aware by KEMH of the outcome of the medical assessment. Should a permit be

[1] Which averages 18-24 hours for civilian Aeromed companies to support, but can be up to 3 days if weather conditions prevent safe aeromedical evacuation.

refused the applicant has the right to request a review of the decision by the Governor in Executive Council as part of an immigration review process.

Director Health and Social Services
Falkland Islands Government

Appendix 1 to
Annex MDSP
Dated 30 Jan 2023

FIG Immigration Policy – MDSP Assessment Report Template

Falkland Islands Government – Directorate of Health and Social Services
Detailed Assessment (Medical/Dental needs) of an Immigration Applicant

In support of FIG Immigration Policies, the Chief Medical Officer / Senior Dental Officer (or delegated representative(s)) is required to make a professional (clinical) assessment of the suitability of all immigration applicants. This assessment is provided to the Principal Immigration Officer (PIO), for them to determine whether the applicant is likely to be or become a substantial charge on public funds by reason of the medical/healthcare needs. The below assessment has been made in conjunction with relevant specialists and current medical/dental professionals associated with the applicant(s), but is overlaid with the context on clinical *Capacity* and *Capability* available within the Falkland Islands.

Applicant's Name: EXAMPLE	**Applicant's D.O.B:** EXAMPLE

Overall Assessment of impact of medical/dental needs of the applicant (delete as applicable)

RED / AMBER / GREEN

Brief Clinical Summary:

EXAMPLE

<u>Operational</u> Impact of medical/healthcare needs if the was application is approved:

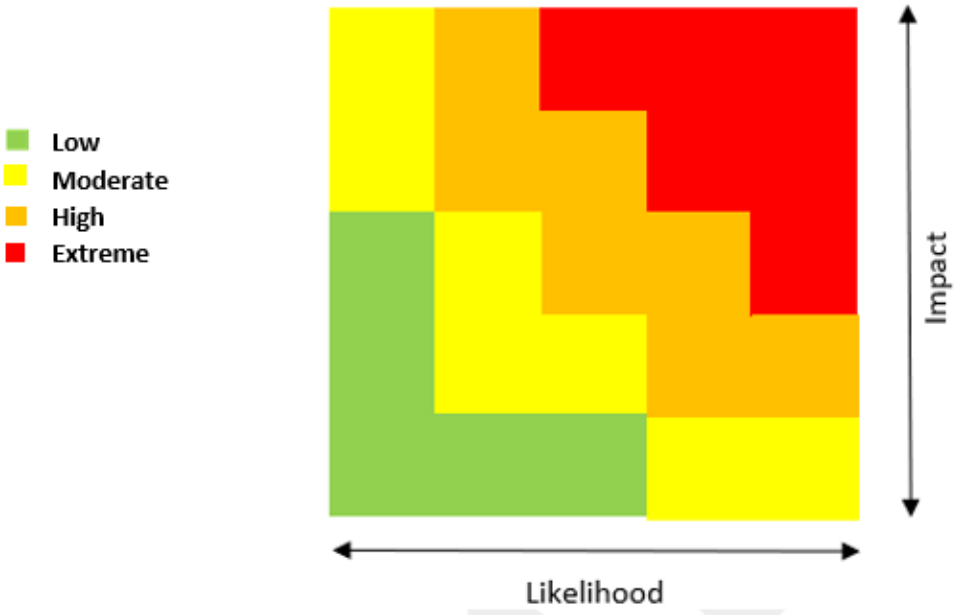
(A): EXAMPLE

<u>Financial</u> Impact of medical/healthcare needs if the application is approved:

(B): EXAMPLE

Applicant's Name: EXAMPLE	**Applicant's D.O.B:** EXAMPLE

Articulation of <u>Probable</u> Outcomes (A&B):



Clinical Communication from KEMH to PIO

EXAMPLE

Details of External Professionals Consulted in Making this Assessment (such as Specialists):

EXAMPLE

Signature of Assessing Doctor / Dentist (KEMH): EXAMPLE **Date:** EXAMPLE

Signature of Seconding Doctor / Dentist (KEMH): EXAMPLE **Date:** EXAMPLE

Annex MDSP
Dated 14 May 2026
APPENDIX 4

FIG Immigration Policy – Medical and Dental Screening Process (MDSP) Annex

Version History:

Version	Date	Comment	Authority
1.0	20 Oct 22	Initial document draft – Not published	DHSS
1.1	15 Nov 22	Updated following Peer Review	DHSS
1.2	16 Nov 22	Updated following CE input.	DHSS
1.3	16 Jan 23	Updated following Legal input and C&I input.	DHSS
1.4	19 Jan 23	Updated following HR input.	DHSS
1.5	30 Jan 23	Updated – minor format changes.	DHSS
1.6	17 Jul 24	Updated- following review with PIO after 18 months of use	DHSS
1.7	20 Feb 26	Information added to regarding 'amber' assessments relating to PRP applications (s 6). Minor layout change to Report Template	DHSS
1.8	14 May 26	Updated – minor changes. New Medical Template Report referenced.	DHSS

1. **Introduction**. The Medical and Dental Screening Process (MDSP) is a critical element of the Immigration review for applications to live and/or work within the Falkland Islands. This Annex seeks to outline the responsibilities of the Directorate of Health and Social Services (DHSS), in their role in supporting Customs and Immigration (C&I) when considering applications for work and/or residency permits.

2. **Responsibilities**. The DHSS does not hold any authority to deny an application purely on the grounds of medical concerns identified. The decision as to whether an application should be refused or granted lies with the Principal Immigration Officer (PIO). DHSS staff, through the Chief Medical Officer's (CMO) Office, are obligated to make a professional assessment of the Medical *Supportability* of all applicants to the extent of enabling the PIO to determine whether it is likely the applicant is or would become, a substantial charge on public funds because of their medical or healthcare needs, or any other impact on public resources that it is unreasonable, in all the circumstances, to expect the Government to bear. This is in accordance with the legal framework of the Immigration Ordinance 1999 (the Ordinance). The DHSS assessment will include a summarising recommendation, which shall be provided to the PIO through C&I. If, from the medical assessment and KEMH recommendation, the PIO deems it likely the applicant is, or would become, a substantial charge, this will be considered against any other circumstances in determining whether the substantial charge is such that it would be unreasonable for the Government to bear in all the circumstances.

3. **Authority**. The Director of Health and Social Services grants delegated authority to the most senior clinician within the Falkland Islands (CMO), to oversee the assured processes of the medical assessments. This does not mean that the CMO is conducting every assessment personally, however it is under their clinical guidance that other clinical staff and hospital administrators operate. Additionally, the CMO reviews all applications which are deemed 'unsupportable'. The Director equally delegates authority to the Senior Dental Officer (SDO) and their team, to make an assessment on an applicant's oral health.

4. **Context**. The Falkland Islands, as a remote island archipelago, does not have immediate access to advanced secondary care or diagnostic capabilities. The King Edward VII Memorial Hospital (KEMH) is a GP led health facility which also provides limited secondary care provision, along with some enhanced imaging and limited laboratory capabilities. Furthermore, the geographic isolation means that referral to definitive and/or emergency care, which cannot be met within 'on-island' capabilities, need to be referred or medically evacuated (medevac'd), in the case of an emergency, to a partnered hospital overseas in Chile, Uruguay or the UK. This means the medical risk within the Falkland Islands needs to be well managed – hence the requirement for a robust level of scrutiny in considering applications for work/accompanying dependent/dependent/carer/permanent residence permits. This safeguards the limited 'on-island' resources; the corporate responsibility which FIG holds; and just as importantly, it protects applicants, who may not be fully aware of the limitations of our national health system.

5. **Sharing of Information**. The Chief Medical Officer and/or Senior Dental Officer may be required to share an applicant's medical information with the key decision maker (the PIO) in the application process. Applicants are required to expressly consent to their medical information being shared with other Falkland Island Government Departments to the extent necessary for the consideration of the application. It has been agreed and reiterated amongst professionals that only information which is assessed to be necessary for the PIO to make their determination will be shared by the CMO's Office. In order to ensure transparency, consistency and clarity over exactly what type of information will be shared, a standardised template is used (Report – Medical Template – May 2026). This document will be the only one which is shared from DHSS to the PIO in order to inform the PIO's decision making.

a. **Specialist Information**. Where further specialist information is required by the CMO/SDO to make an assessment, she/he will be required to discuss applications with specialist clinicians who are currently treating/ have previously treated the applicant(s). Furthermore, there may be a requirement for the CMO/SDO (or their team) to discuss with other specialists within the KEMH. This may include our Laboratory, Emotional Wellbeing Service, Pharmacy or Speech and Language etc.

6. **What is Considered During the MDSP?** During the MDSP, the clinical team review all information provided by the applicant in their medical paperwork.

The following factors may be taken into consideration, and a supporting statement made in the relevant box on the form:

a) Operational impact. A variety of factors should be considered including;
   - The availability of clinical skills on the islands to manage the condition, including any medical emergencies which may be likely to arise as a result of the applicant's condition.
   - Whether the applicant's condition will divert an amount of clinical time that either impacts the availability of a particular service to the existing resident population or would exceed the available capacity of the service.
   - There is a significant risk of the applicant requiring an emergency medevac, which may *in extremis* necessitate the use of a team from the KEMH to extract the patient if a commercial air ambulance[1] is not available, or the time frame necessitates immediate extraction.

b) Financial impact. This should include both easily demonstrable costs, as well as other financial costs which **may** be realised, although the likelihood is difficult to predict. Examples of known costs could include a need for a high-cost medication or a known regular requirement to be referred for

[1] Which averages 18-24 hours for civilian Aeromed companies to support, but can be up to 3 days if weather conditions prevent safe aeromedical evacuation.

treatment/ check-up overseas. An example of a financial cost that can less easily be forecast is a medical condition that has an increased likelihood of requiring an emergency medevac.

c) Other impact. This could include:
   - The personal or professional impact on KEMH staff of having to deal with a medical situation/emergency considering the locally available resources and treatment options.
   - The risk to the applicant's health and welfare in moving to the Falkland Islands once the ability of the KEMH to manage their pre-existing conditions is considered.

When the factors listed above are considered as a whole, it could well be that a particular condition that is supportable in the UK for example, may not be supportable within capabilities available of the on-Islands medical system.

Note: In relation to applications for PRP due to the permanent nature of the permit, it may be that conditions that would see a short term work permit issued will lead to the refusal of a PRP ('amber' medical score).

7. **Timeframe**. On average, most MDSP are conducted within 10 working days of initial receipt of the complete application. However, this can be extended if information is missing, incomplete or inaccurate. Furthermore, there may be a requirement to seek specialist advice (per para 5a above), which can significantly increase waiting times. However, expeditious processing is a key function of the MDSP and Immigration process. Any significant delays will be communicated to the applicant, via Customs and Immigration.

8. **Communication**. The CMO/SDO's team may need to contact the applicant(s), for example if there is a requirement to clarify information within the application or seek details of their specialist consultant. However, this is often not required if the application is accurate and includes all relevant information. Once an assessment has been made, this is passed to Customs & Immigration. The applicant(s) will only be informed that the MDSP has been completed and passed to Customs & Immigration for review. The medical/dental team will **not** confirm if the recommendation was to approve or not approve on medical grounds. This is to avoid any confusion over the overall status of the immigration application; remembering that the DHSS does not have authority to refuse a permit; but instead provide professional recommendations. Applicants are kindly asked to not approach for updates via the hospital staff, but instead via C&I who will know the status of the MDSP or will contact the DHSS staff, on behalf of the applicant, if applicable.

8. **Challenge**. There is no right to challenge a recommendation of non-supportability itself as the applicant will not be made aware by KEMH of the outcome of the medical assessment. Should a permit be refused the applicant has the right to request a review of the decision by the Governor in Executive Council as part of an immigration review process.

Director Health and Social Services
Falkland Islands Government