Special Commission of Inquiry into Healthcare Funding

Submission Number: 183

Name: Australian Indigenous Doctor's Association

Date Received: 28/11/2023

AIDA
AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

Special Commission of Inquiry into Healthcare Funding

Introduction to AIDA

Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. Our purpose is to grow ethical and professional Aboriginal and Torres Strait Islander doctors who will lead and drive equitable and just outcomes for our people.

Our vision is for all Aboriginal and Torres Strait Islander peoples to have self-determination and equitable life outcomes in a culturally safe health system.

Summary of Recommendations

Recommendation 1: *Ensuring Aboriginal and Torres Strait Islander participation in health service governance and leadership, as well as co-design of services, is essential for developing culturally safe health care services.*

Recommendation 2: *Including an object in all LHD constitutions that similarly reflects the National Law objectives in relation to cultural safety and elimination of racism within the provision of health services.*

Recommendation 3: *NSW Health to increase investment into developing culturally safe secondary and tertiary sector health services.*

Recommendation 4: *NSW Health to increase investment in rural and remote roles and placements where Aboriginal and Torres Strait Islander doctors are more likely to work.*

Recommendation 5: *More funding and investment is provided into the development of mainstream multi-disciplinary community health services across the state, while applying an equitable model to increase employment opportunities for Aboriginal and Torres Strait staff, including doctors, nurses, Aboriginal Health practitioners and allied health staff.*

Recommendation 6: *Work with medical specialist colleges and Aboriginal and Torres Strait Islander trainees to ensure that placements can be flexible to accommodate cultural and family obligations.*

Recommendation 7: *Existing professional codes of conduct and standards to be upheld immediately in relation to eliminating racism and ensuring cultural safety for all staff.*

Culturally safe reporting processes are required for Aboriginal and Torres Strait Islander people wishing to make a complaint. This includes having Aboriginal and Torres Strait Islander people as part of the review and decision making in the complaints governance process.

AIDA Submission to Special Commission of Inquiry into Healthcare Funding

Terms of Reference

A. **The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future;**

We know for Aboriginal and Torres Strait Islander peoples that culturally safe care is clinically safe care[1]. The Australian and NSW health system, however, is built around the identities and beliefs of the western model of health and wellness and causes of sickness. By having to set aside Aboriginal and Torres Strait Islander cultures and beliefs to access health services, the impact of colonisation continues to be felt[2].

If we are to have truly equitable and accessible patient-centred care in NSW, then all health services, regardless of whether they are Aboriginal Community Controlled Health Services (ACCHS) or mainstream, need to be culturally safe and engage Aboriginal and Torres Strait Islander self-determination. Aboriginal and Torres Strait Islander peoples require culturally safe mainstream services at various points in their healthcare journeys, even if they access ACCHS for primary care. This shouldn't mean that cultural safety is sacrificed, as this translates to reduced access to necessary health care, as evidenced by the rates of incomplete treatment in Emergency Departments (ED) for Aboriginal and Torres Strait Islander peoples[3].

AIDA acknowledges the NSW Ministry of Health has identified the high rate of incomplete treatment in EDs among Aboriginal and Torres Strait Islander patients compared to other patients (8.6% and 6.1%, respectively, nationally, 2019) as a priority issue.[4]

Recommendation 1: *Ensuring Aboriginal and Torres Strait Islander participation in health service governance and leadership, as well as co-design of services, is essential for developing culturally safe health care services.*

B. The existing governance and accountability structure of NSW Health, including:
   i. the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);
   ii. the engagement and involvement of local communities in health service development and delivery;
   iii. how governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities;
   iv. the impact of privatisation and outsourcing on the delivery of health services and health outcomes to the people of NSW;

---

[1] Martin Laverty, Dennis R McDermott and Tom Calma Med J Aust 2017; 207 (1): 15-16. || doi: 0.5694/mja17.00328 Published online: 3 July 2017

[2] Donnella Mills, NACCHO Chair – FECCA Conference Melbourne 2022

[3] [3] Preisz P, Preisz A, Daley S, Jazayeri F. 'Dalarinji': A flexible clinic, belonging to and for the Aboriginal people, in an Australian emergency department. Emerg Med Australas. 2022 Feb;34(1):46-51. doi: 10.1111/1742-6723.13833. Epub 2021 Jul 26. PMID: 34312988

[4] Ibid

v. how governance structures can support a sustainable workforce and delivery of high quality, timely, equitable and accessible patient-centered care to improve the health of the NSW population;

The NSW Implementation Plan - Closing the Gap 2022-2024 refers to:
PRIORITY REFORM 3 Transforming Government Organisations; WE WILL: Build culturally safe and responsive government services to eliminate experiences of racism in government[5].

While it is important that ACCOs and other Aboriginal community organisations are supported to enable more equal partnerships with government, it is also important to ensure that Aboriginal and Torres Strait Islander people, and the knowledge systems and expertise that they bring, are embedded within the governance structures of all levels of the mainstream health system. This includes at the departmental level as well as across the local health districts (LHD) to ensure direct involvement in decision making. Current LHD constitutions require at least one member who has knowledge, experience, or expertise in Aboriginal health;[6] however, that person may also be represented within the other membership categories and are not required to be an Aboriginal person.

The strengthened Health Practitioner Regulation National Law, which now includes cultural safety as both a guiding principle and guiding objective, was recently put into strong consequential effect by the ACT Civil and Administrative Tribunal. AIDA welcomes the recent landmark ruling that racist and discriminatory behaviours towards Aboriginal and Torres Strait Islander Peoples will not be tolerated in Australia's health system. We are encouraged to see that this commitment includes a health system free of racism for Aboriginal and Torres Strait Islander health professionals as well as patients.

The inclusion of cultural safety in the National Law ensures that every part of the National Scheme – practitioners, regulators, accreditation authorities, educators, employers – are working along the same principle and towards the same objective. To have this guiding principle and objective reflected within the constitution of LHDs would provide further governance strengthening. The wording from the National Law[7] is captured here:

Guiding objective in section 3:

- to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples.

Guiding principle in section 3:

- the scheme is to ensure the development of a culturally safe and respectful health workforce that:
  - is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and
  - contributes to the elimination of racism in the provision of health services.

[5] https://www.aboriginalaffairs.nsw.gov.au/closingthegap/nsw-implementation-plan/2022-24-implementation-plan/

[6] https://legislation.nsw.gov.au/view/html/inforce/current/act-1997-154#sec.26

[7] https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045

Embedding cultural safety in these structural ways means that accountability and transparency are increased.

Recommendation 2: *Including an object in all LHD constitutions that similarly reflects the National Law objectives in relation to cultural safety and elimination of racism within the provision of health services.*

C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;

D. Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency;

Culturally unsafe healthcare is ineffective and inefficient

There are no set criteria that label health provision as culturally safe; rather, cultural safety is always determined by the user, that is, Aboriginal and/or Torres Strait Islander individuals, families, and communities. A key principle which underpins culturally safe health services, programs, and policies is genuine partnership with Aboriginal and Torres Strait Islander peoples to lead and deliver these services.

Culturally safe health services are a core component of clinical safety, as they ensure higher presentation rates, increased trust of health practitioners by Aboriginal and Torres Strait Islander peoples, improved health outcomes, and adherence to treatment regimens and medical advice.[8,9,10] Conversely, a lack of trust, fear of racism, and fear of negative interventions create barriers in seeking life-saving and necessary health care required.

Government health expenditure per person for Aboriginal and Torres Strait Islander Australians is higher than for non-Indigenous Australians, and is trending upwards over time, rather than improving.[11] This reflects programs and policies that, despite significant Commonwealth investment, are ineffective, inaccessible, and fail to deliver real benefits to the health of Aboriginal and Torres Strait Islander individuals, families, and communities. The Australian health system still operates on a deficit discourse which blames Aboriginal and Torres Strait Islander people for poorer health, failing to examine the ongoing process of colonisation within the health system, and the structural inequities and dominant discourses which still pervade.[12]

---

[8] Gao Y, Roe Y, Hickey S, Chadha A, Kruske S, Nelson C, et al. Birthing on country service compared to standard care for First Nations Australians: A cost-effectiveness analysis from a health system perspective. The Lancet Regional Health - Western Pacific. 2023;34:100722. doi:10.1016/j.lanwpc.2023.100722

[9] Doran CM, Bryant J, Langham E, Bainbridge R, Begg S, Potts B. Scope and quality of economic evaluations of Aboriginal and Torres Strait Islander Health Programs: A Systematic Review. Australian and New Zealand Journal of Public Health. 2022;46(3):361–9. doi:10.1111/1753-6405.13229

[10] Nolan-Isles D, Macniven R, Hunter K, Gwynn J, Lincoln M, Moir R, et al. Enablers and barriers to accessing healthcare services for Aboriginal people in New South Wales, Australia. International Journal of Environmental Research and Public Health. 2021;18(6):3014. doi:10.3390/ijerph18063014

[11] Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Expenditure Estimates 2010-11 to 2016–17. Catalogue No.: IHW 238. AIHW, Canberra (AUST) (2021)

[12] Decolonising Australian psychology: discourses, strategies, and practice J. Soc. Polit. Psychol., 3 (1) (2015), pp. 276-297

Culturally safe healthcare is cost effective

Culturally safe health services are cost effective from a health system perspective, societal perspective, and therefore, cost-saving for the government. Aboriginal Community Controlled Health Organisations have continually demonstrated the cost-effectiveness of having comprehensive, culturally safe primary health care services.[13] Such community-controlled health organisations deliver a social and economic return on investment for every dollar spent, including, but not limited to, dollars saved from individual behaviour modification and risk reduction, preventable illness and avoidable death, and improved quality of life.[14]

Lack of cultural safety in secondary and tertiary health sectors

Systemic barriers to accessing healthcare stem from historical experiences of dispossession, racism, and social exclusion, resulting in higher levels of acute illness and emergency admissions in Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians.[15] Furthermore, discharge rates of Aboriginal and Torres Strait Islander peoples from hospitals against medical advice occurs at a rate of four times greater than non-Indigenous populations, and Aboriginal and Torres Strait Islander people presenting to emergency departments or admitted into hospital are less likely to receive the required medical treatment.[16,17,18]

To capture the many interactions Aboriginal and Torres Strait Islander peoples have with the healthcare system, positive healthcare experiences and cultural safety must be present in all components of the healthcare system, and not merely restricted to the primary care sector. NSW Health financial investment in culturally safe initiatives developed in true partnership with Aboriginal and Torres Strait Islander peoples must also encompass secondary and tertiary healthcare. Culturally safe practice in secondary and tertiary healthcare sectors must consider decolonising practices, power relationships, and reflexive practice.[1,19] Furthermore, there must be emphasis on developing a strong Aboriginal and Torres Strait Islander medical workforce, which aligns with current national initiatives.[20] When all components of the healthcare system are accessible and free from racism, these represent a cost

[13] Cost-benefit and funding analysis of the Danila Dilba Health Service. Deloitte Access Economics; 2016 [cited 2023 Nov 23]. Available from: https://ddhs.org.au/sites/default/files/media-library/documents/deloitte-au-economics-danila-dilba-health-service-cost-benefit-funding-analysis-111116.pdf

[14] Campbell S, Jongen C, Kinchin I, Doran C, McCalman J. Transition of primary healthcare services in Yarrabah to community control. Cairns, QLD: Central Queensland University; 2019.

[15] Secombe P, Brown A, McAnulty G, Pilcher D. Aboriginal and Torres Strait Islander patients requiring critical care: Characteristics, resource use, and outcomes. Critical Care and Resuscitation. 2019;21(3). doi:10.1016/s1441-2772(23)00528-8

[16] Coombes J, Hunter K, Bennett-Brook K, Porykali B, Ryder C, Banks M, Egana N, Mackean T, Sazali S, Bourke E, Kairuz C. Leave events among Aboriginal and Torres Strait Islander people: a systematic review. BMC Public Health. 2022 Aug 5;22(1):1488. doi: 10.1186/s12889-022-13896-1. PMID: 35927686; PMCID: PMC9354286.

[17] Tavella R, McBride K, Keech W, Kelly J, Rischbieth A, Zeitz C, et al. Disparities in acute in-hospital cardiovascular care for Aboriginal and non-aboriginal South Australians. Medical Journal of Australia. 2016;205(5):222–7. doi:10.5694/mja16.00445

[18] Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report: Detailed analyses Tier 1 Canberra, ACT: Australian Institute of Health and Welfare; 2014.

[19] National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031. Canberra, ACT: Department of Health; 2022.

[20] National Medical Workforce Strategy 2021–2031. Canberra, ACT: Department of Health; 2021.

savings to governments in the form of improvements in health outcomes, lower mortality, and fewer years of life lost.

Recommendation 3: *NSW Health to increase investment into developing culturally safe secondary and tertiary sector health services.*

E. Opportunities to improve NSW Health procurement process and practice, to enhance support for operational decision-making, service planning and delivery of quality and timely health care, including consideration of supply chain disruptions;

F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:

  i. the distribution of health workers in NSW;

The need for Aboriginal and Torres Strait Islander medical doctors and practitioners

Aboriginal and Torres Strait Islander doctors and practitioners contribute to closing the gap in health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous populations. Intrinsic to their provision of care is the practice of centring Aboriginal and Torres Strait Islander patients in their healthcare delivery and decision-making, and incorporating Aboriginal and Torres Strait Islander ways of knowing, being, and doing. The 2022 Medical Training Survey showed that 89% of Aboriginal and Torres Strait Islander medical trainees indicated an interest in Aboriginal and Torres Strait Islander health or healthcare, compared to 49% of the national response.[21] Research demonstrates that Aboriginal and Torres Strait Islander patients receiving healthcare from Aboriginal and Torres Strait Islander practitioners are more likely to feel culturally safe, feel less anxious, experience reduced barriers in communication, and therefore, access an equitable and effective health service that delivers improved health outcomes.[22]

Aboriginal and Torres Strait Islander doctors address remote workforce shortages and health needs

In examining the current capacity and capability of the NSW Health workforce to meet the current needs of patients, as well as predicting future demands, consideration must be given to geographic trends in healthcare demand and supply. The burden of health in remote and very remote areas is higher than that of major cities, with potentially avoidable deaths and hospitalisations being up to three times higher.[23] Despite the higher demand for health services, remote areas receive less than a third of the amount of healthcare funding than major cities.[24] Reduced access to health services in remote areas is reflected in the workforce, where there is consistently a lower number of full-time equivalent health practitioners in more remote regions, particularly in non-GP medical specialists.[23]

---

[21] Medical Training Survey 2022: Report for Aboriginal and/or Torres Strait Islander trainees. Medical Board of Australia and AHPRA; 2023 [cited 2023 Nov 23]. Available from: https://medicaltrainingsurvey.gov.au/Download/2022/2022%20Report%20for%20Aboriginal%20and%20Torres%20Strait%20Islanders.pdf

[22] 3.12 Aboriginal and Torres Strait Islander people in the health workforce [Internet]. [cited 2023 Nov 23]. Available from: https://www.indigenoushpf.gov.au/measures/3-12-atsi-people-health-workforce

[23] Rural and Remote Health [Internet]. 2023 [cited 2023 Nov 23]. Available from: https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

[24] Australian Institute of Health and Welfare (AIHW). *Australian Health Expenditure by Remoteness: A Comparison of Remote, Regional and City Health Expenditure*; Cat. No HWE 50; ACT: Canberra, Australia, 2011.

The Aboriginal and Torres Strait Islander health and medical workforce are well-placed and well-equipped to contribute to alleviating the pressure to meet healthcare demands in rural and remote Australia. Aboriginal and Torres Strait Islander trainee medical doctors have repeatedly demonstrated their willingness to work in regional and remote areas compared to their non-Indigenous peers, with 65% indicating an interest in rural practice in the 2022 Medical Training Survey compared to 46% of all medical trainees.[21]

NSW Health must consider strategies to increase investment and funding of rural and remote roles and placements for Aboriginal and Torres Strait Islander medical trainees and doctors. However, with most Australians voting against the enshrinement of an Aboriginal and Torres Strait Islander Voice in the Australian Constitution on 14 October 2023, and with regional communities representing a higher proportion of 'No' voters, discussions within AIDA have tabled concerns for Aboriginal and Torres Strait Islander doctors and healthcare workers in remote regions. Wrap-around support and cultural safety accreditation of rural and remote positions for Aboriginal and Torres Strait Islander doctors must not only be readily available but embedded.

Recommendation 4: *NSW Health to increase investment in rural and remote roles and placements where Aboriginal and Torres Strait Islander doctors are more likely to work.*

ii. an examination of existing skills shortages;

iii. evaluating financial and non-financial factors impacting on the retention and attraction of staff;

The sustainability of Australia's healthcare system is contingent upon a sustainable health workforce that can continue to grow and meet the increasing healthcare needs of the country. However, data from the Medical Training Survey 2022 shows that retention of Aboriginal and Torres Strait Islander doctors is threatened by a colonial healthcare model reinforcing the exclusion of Aboriginal and Torres Strait Islander people, and a healthcare system that still exhibits unacceptable racism and discrimination today. Whilst an unfortunately high proportion of all medical trainees are considering a future outside of medicine (20%), this is overshadowed by the statistic of 29% of all Aboriginal and Torres Strait Islander medical trainees considering leaving the profession. Results also revealed that 55% of Aboriginal and Torres Strait Islander trainees have experienced and/or witnessed bullying, harassment, discrimination, and racism, compared to 34% of all trainees.[21] This represents a slight increase from the 2021 report, demonstrating that this is a clear, deeply rooted, and pervasive problem that demands action.

iv. existing employment standards;

v. the role and scope of workforce accreditation and registration;

vi. the skill mix, distribution and scope of practice of the health workforce;

vii. the use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements;

viii. the relationship between NSW Health agencies and medical practitioners;

ix. opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives;

x. the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system;

The role of the ACCHS sector in managing the response to COVID 19 during the pandemic showed the success of how an effective model of multi-disciplinary care, within a comprehensive community-based framework, could reduce pressure on the hospital system.[25]

Given that almost half of all Aboriginal and Torres Strait Islander people live with at least one chronic condition[26] that requires complex health care across various types of health services, access to multi-disciplinary community health services is vital. A multi-disciplinary approach within a community-based setting also fits better with the Aboriginal and Torres Strait Islander holistic view of health, rather than separating out body parts and illnesses.

Effective, culturally safe management of chronic health conditions within a multi-disciplinary community service setting can also reduce the increased presentation at EDs for Aboriginal and Torres Strait Islander peoples. Systemic barriers to accessing healthcare at an earlier stage stem from historical experiences of discrimination, racism, social exclusion, and mistrust of the health system, resulting in higher levels of acute illness and subsequent emergency admissions for Aboriginal and Torres Strait Islander peoples in comparison with non-Indigenous Australians[27]. Therefore, working with Aboriginal and Torres Strait Islander people to manage their chronic conditions outside of the hospital setting, with a culturally safe multidisciplinary team in community health settings, is a much more preferrable, effective, and cost-efficient approach.

Ensuring the cultural safety of these services within the mainstream system is essential to engaging Aboriginal and Torres Strait Islander peoples and ensuring improved health outcomes. This includes investment in employment of more Aboriginal and Torres Strait Islander staff, including doctors, nurses, and Aboriginal Health Practitioners, along with other allied health staff.

Recommendation 5: *More funding and investment is provided into the development of mainstream multi-disciplinary community health services across the state, while applying an equitable model to increase employment opportunities for Aboriginal and Torres Strait staff, including doctors, nurses, Aboriginal Health practitioners and allied health staff.*

xi. opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers;

G. Current education and training programs for specialist clinicians and their sustainability to meet future needs, including:

i. placements;

Flexibility and priority placements are needed for Aboriginal and Torres Strait Islander trainees. Priority placement within the training region for this cohort of trainees, if requested, is important to ensure cultural and community obligations are met. Flexibility is required if trainees need to transfer

[25] First Nations people leading the way in COVID-19 pandemic planning, response and management Kristy Crooks, Dawn Casey and James S Ward Med J Aust Published online: 29 April 2020

[26] https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/2018-19

[27] Coombes J, Hunter K, Bennett-Brook K, Porykali B, Ryder C, Banks M, Egana N, Mackean T, Sazali S, Bourke E, Kairuz C. Leave events among Aboriginal and Torres Strait Islander people: a systematic review. BMC Public Health. 2022 Aug 5;22(1):1488. doi: 10.1186/s12889-022-13896-1. PMID: 35927686; PMCID: PMC9354286.

placements due to cultural and family reasons. Providing site visits to communities prior to future placements can assist in enabling trainees to develop relationships and networks which are key to supporting Aboriginal and Torres Strait Islander trainees.

***Recommendation 6:** Work with medical specialist colleges and Aboriginal and Torres Strait Islander trainees to ensure that placements can be flexible to accommodate cultural and family obligations.*

ii. the way training is offered and overseen (including for internationally trained specialists);

The MTS 2022 reports[9] that 68% of Aboriginal and Torres Strait Islander trainees are training within hospital settings. When Aboriginal and Torres Strait Islander trainees were presented with the statement "There are opportunities for me to meet the requirements of my intern education program in my current setting", 15% disagreed with this compared to 8% of non-Indigenous trainees.

We know that Aboriginal and Torres Strait Islander trainees have reported higher levels of both experiencing and witnessing racism. When asked who was responsible, the category identified most frequently as responsible was Senior Medical Staff (e.g. consultants, specialists). When asked specifically who, 54% of those respondents said that they had experienced racism directly from their supervisor.

Given the influential role these senior medical staff have on trainees, their careers, and the hospital culture more broadly, and in accordance with the current compliance obligations under the standards, policies, and professional codes of conduct set out in the National Law referred to earlier, those responsible and their hospital administrators must be held accountable for this behaviour. This ensures the elimination of racism from health care services for both Aboriginal and Torres Strait Islander health professionals as well as patients.

A culturally safe reporting process is required for Aboriginal and Torres Strait Islander people wishing to make a complaint. This includes having Aboriginal and Torres Strait Islander people as part of the review and decision making in the complaints governance process.

***Recommendation 7:** Existing professional codes of conduct and standards to be upheld immediately in relation to eliminating racism and ensuring cultural safety for all staff.*

Culturally safe reporting processes are required for Aboriginal and Torres Strait Islander people wishing to make a complaint. This includes having Aboriginal and Torres Strait Islander people as part of the review and decision making in the complaints governance process.

iii. how colleges support and respond to escalating community demand for services;
iv. the engagement between medical colleges and local health districts and speciality health networks;
v. how barriers to workforce expansion can be addressed to increase the supply, accessibility and affordability of specialist clinical services in healthcare workers in NSW;

H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation; and

I. Any other matter reasonably incidental to a matter referred to in paragraphs A to H, or which the Commissioner believes is reasonably relevant to the inquiry.

End of document.