

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

We are inviting responses to specific questions about the future use of this data and general comments on the draft Data strategy.

In addition to the Data strategy, we are consulting on the future directions for three key focus areas:

- the public register of health practitioners
- data sharing, and
- advanced analytics.

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.

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Please select the box below if you do not want your responses to be published.

Please do **not** publish my responses

Q3.

Questions

If you have any questions, please contact Ahpra's Strategy and Policy Directorate by emailing AhpraConsultation@ahpra.gov.au.

Q39.

Acknowledgement of Country

Ahpra acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.

Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

Q11. Email address:

Q12.
Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

When Collecting information, only collect the information you need to use at that time for a specific purpose. If the information is no longer needed it should be removed. Over collection of practitioners personal information including employment history, disciplinary history carries with it a significant risk of data breaches. The recent [REDACTED] hack explains why and ahpra is no exception. Publishing Previous disciplinary issues can also be detrimental to practising who might have already taken corrective actions. It would be interesting to see how this affects professional relationships and clinical decision making within health teams. It sounds punitive. Ahpra's role should be to regulate and not to be seen as over reaching into the relationships between practitioners, their employers and other practitioners.

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

- Yes
 No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

This question was not displayed to the respondent.

Q16.
Please share your reasons

Privacy, Ahpra over reaching , practitioner safety,

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
 No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

This question was not displayed to the respondent.

Q19.

Please share your reasons

Privacy, overreaching, practioners safety and work reputation

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

No one

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

It's working in its current format. Why collect and publish more information when you can still use available data to complete the same job

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

No ahpra, should be mindful of oversharing information with agencies. Risk to privacy and data breaches Practitioners are entitled to their information being kept safe regardless of whether they have disciplinary issues or not

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

Does this mean Artificial intelligence? Again, privacy and risk of overreaching. What is it that's will be achieved by using this. By all means use technology to improve the way an organisation works, but when employing AI, detailed studies need to be published and justified. this could be a slippery slope, see

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Health informatics, employ someone or a committee with experience in health informatics and privacy to advise on this data strategy.

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Do you agree with adding more information to the public register?

Yes

No

Q15.
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What additional information do you think should be included on the public register?

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Q16.
Please share your reasons

Our information needs to be given the same level of protection as our patients' information

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

Yes

No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

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Q19.
Please share your reasons

The complete history can not be gleaned from reading something on the Internet and is prone to misinterpretation. If our boards are happy to continue to register health professional if their disciplinary history is deemed suitable, then that should be enough. Otherwise what is the point in re-registering each year and it would erode confidence in the respective Board's ability to maintain conduct.

Q20.

Focus area 1: The public register

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- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

Only the relevant Boards.

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

No

Q24.

Focus area 2: Data sharing

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Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

Individual practitioner consent should be obtained on a case by case basis.

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

Avoid completely. In situations like these, it should only be conducted by a human.

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Nil

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Q4.

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Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Solicitor

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

Q10.

Your contact details

Name:

Q11. Email address:

Q12.

Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Q13.

Do you think that anything should be added or removed from the draft Data strategy?

Q14.

Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

Q15.

Focus area 1: The public register

What additional information do you think should be included on the public register?

Almost all of the suggestions in the consultation paper would be helpful and of significant assistance. In particular, additional qualifications, and the preferred/professional name would be two areas of particular assistance. However, regulatory action history should absolutely not be included. It is punitive in the extreme, and would further harm practitioners and the public's confidence in practitioners. If conditions on a practitioner's registration are intended to be educative or supportive, and to bring them up to the standard, then there is no utility in having those conditions remain after they have been satisfied. It will harm the public's confidence in that practitioner, rather than increase public confidence in the profession. It will also lead to further mental health issues involving practitioners the subject of the notification, as they may feel that they can never escape the ramifications of the notification.

Q16.

Please share your reasons

This question was not displayed to the respondent.

Q17.

Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
- No

Q18.

Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

This question was not displayed to the respondent.

Q19.

Please share your reasons

As per my previous answer.

Q20.

Focus area 1: The public register

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-

Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

AHPRA or practitioners.

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

If the public register had better search capabilities for the various additional information that might be added (in particular, languages or additional qualifications) then that would be of great assistance. The better the search functionality, the better the register.

Q24.

Focus area 2: Data sharing

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Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

Better information sharing between other complaint entities including the HCEs appears utterly vital to ensure that matters do not get missed. However, this would require that those entities also have the ability to contribute data, and that may be an impossibility (particularly given the lack of funding for those entities). The Boards should consider contributing money to a scheme that may make it easier for those sorts of entities to share information with AHPRA. However, it would also be important that in receiving that information, AHPRA did not prevent those organisations from managing complaints and issues locally - the Boards should only step in where information indicates some serious systemic risk (e.g. Djerriwarrh).

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

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No

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Please provide the name of the organisation.

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Q7.

Which of the following best describes your organisation?

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Which of the following best describes you?

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I am an employer (of health practitioners)

Other - please describe below

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Yes

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Do you think that anything should be added or removed from the draft Data strategy?

No

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

The full transcript of tribunals etc

Q16.
Please share your reasons

This question was not displayed to the respondent.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

Yes

No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

Only serious offences (e.g. sexual assault on a patient) or serious criminal offences not related to clinical practice should appear

Q19.

Please share your reasons

This question was not displayed to the respondent.

Q20.

Focus area 1: The public register

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- 0 to 1 year
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Focus area 1: The public register

Who should be able to add additional information to the public register?

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Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

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Focus area 2: Data sharing

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Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

Data should be available to bone fide researchers

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

No

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Other

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Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

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Focus area 1: The public register

What additional information do you think should be included on the public register?

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Q16.
Please share your reasons

privacy issues where practice location may be one's place of residence

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

Yes

No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

restrictions placed on the practitioner if current. Much less detail if historical

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Unsure, may depend on type of transgression

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

regulator, practitioner providing the additional information to regulator

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Please do **not** publish my responses

Q3.

Questions

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Q39.

Acknowledgement of Country

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

Q11. Email address:

Q12.
Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

yes

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

Nurse and allied health practitioners

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

same as before

Q16.
Please share your reasons

This question was not displayed to the respondent.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

Yes

No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

only those referrals that have been validated

Q19.

Please share your reasons

This question was not displayed to the respondent.

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

dependent on nature of the disciplinary

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

ahpra

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

nil

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

no

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

no

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

nil

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

We are inviting responses to specific questions about the future use of this data and general comments on the draft Data strategy.

In addition to the Data strategy, we are consulting on the future directions for three key focus areas:

- the public register of health practitioners
- data sharing, and
- advanced analytics.

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.

Publication of responses

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Please do **not** publish my responses

Q3.

Questions

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Q39.

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

A member of the community who has suffered adverse consequences as the result of medical malpractice.

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

Q10.

Your contact details

Name:

Q11. Email address:

Q12.

Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Q13.

Do you think that anything should be added or removed from the draft Data strategy?

Q14.

Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

Q15.

Focus area 1: The public register

What additional information do you think should be included on the public register?

Q16.
Please share your reasons

This question was not displayed to the respondent.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
 No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

All details should be included.

Q19.
Please share your reasons

This question was not displayed to the respondent.

Q20.
Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
 1 to 4 years
 5 to 10 years
 10 to 20 years
 As long as the practitioner is registered as a health practitioner
 Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
 Other, please describe

Q22.
Focus area 1: The public register

Who should be able to add additional information to the public register?

The courts

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

Not that I can think of

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

All data should be shared with the family court, lawyers, parents and guardians of children and the Department of Child Safety.

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

No

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Cross checking Medicare and members patient registers so as to find Medicare fraud.

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

We are inviting responses to specific questions about the future use of this data and general comments on the draft Data strategy.

In addition to the Data strategy, we are consulting on the future directions for three key focus areas:

- the public register of health practitioners
- data sharing, and
- advanced analytics.

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.

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Please do **not** publish my responses

Q3.

Questions

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Q39.

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

Q11. Email address:

Q12.
Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Yes

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

No - though devil can be in detail

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

- Yes
 No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

This question was not displayed to the respondent.

Q16.
Please share your reasons

There is enough for anyone to check whether a practitioner is licensed or not. People change practices frequently and work often in multiple locations, all of which can be quickly out of date. Past convictions where the penalty has been served where there are no ongoing conditions, should no longer be relevant or visible. Practitioners suffer greatly through any complaint, why add ongoing pain to this?

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
 No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

This question was not displayed to the respondent.

Q19.

Please share your reasons

Unless there are ongoing conditions, the penalty has been served and the matter should be ended for the ongoing health and protection of practitioners

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

Only Ahpra with information submitted to it

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

No

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

No

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

No

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Nothing thanks

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

We are inviting responses to specific questions about the future use of this data and general comments on the draft Data strategy.

In addition to the Data strategy, we are consulting on the future directions for three key focus areas:

- the public register of health practitioners
- data sharing, and
- advanced analytics.

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.

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Please do **not** publish my responses

Q3.

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Q39.

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

Q11. Email address:

Q12.
Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Mostly

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

Linkage of data bases - a registration renewal should automatically include a police check and working with children's check

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

- Yes
 No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

This question was not displayed to the respondent.

Q16.
Please share your reasons

Name, specialty registration and any restrictions are appropriate from a regulatory point of view. It is what does registration include (eg police check etc) that I think will help

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
 No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

This question was not displayed to the respondent.

Q19.

Please share your reasons

A single indiscretion that has been remediated should not go against someone for life

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

For as long as restrictions are in place or until remedial processes have been completed

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

Only AHPRA

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

Include commonly/jurisdictional requirements as part of being on the register - police checks, WWC The register should include a picture of the individual to protect against masquerading (This would ideally be supported by a digital registration certificate that included that picture - like a passport or drivers license does). The website could include a copy of the primary and specialty qualifications that are recognised in the register. This allows AHPRA to review and verify the documents, and both organisations and the public to have confidence in the qualifications recognised by AHPRA

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Previously mentioned current checks. AHPRA website should include a copy of primary and specialty qualification certificates. From a practitioner role and my role in credentialling doctors to an organisation this would be an invaluable source of information,

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

We are inviting responses to specific questions about the future use of this data and general comments on the draft Data strategy.

In addition to the Data strategy, we are consulting on the future directions for three key focus areas:

- the public register of health practitioners
- data sharing, and
- advanced analytics.

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.

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Please select the box below if you do not want your responses to be published.

Please do **not** publish my responses

Q3.

Questions

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Q39.

Acknowledgement of Country

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

Q11. Email address:

Q12.
Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

No

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

- Yes
- No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

This question was not displayed to the respondent.

Q16.
Please share your reasons

This question was not displayed to the respondent.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
- No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

All of it

Q19.
Please share your reasons

This question was not displayed to the respondent.

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

Anyone

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

Don't know

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

Make new staff aware that a certain member of the practice has a hx of bullying and harassment.

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

More supernumerary days

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

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- the public register of health practitioners
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Q1.

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Please do **not** publish my responses

Q3.

Questions

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Q39.

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

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- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

Q11. Email address:

Q12.

Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

yes

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

no

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

dates of incident

Q16.
Please share your reasons

This question was not displayed to the respondent.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

Yes

No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

ddd

Q19.

Please share your reasons

This question was not displayed to the respondent.

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

xx

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

no

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

xx

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

no

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

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In addition to the Data strategy, we are consulting on the future directions for three key focus areas:

- the public register of health practitioners
- data sharing, and
- advanced analytics.

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.

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Please do **not** publish my responses

Q3.

Questions

If you have any questions, please contact Ahpra's Strategy and Policy Directorate by emailing AhpraConsultation@ahpra.gov.au.

Q39.

Acknowledgement of Country

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

I am a leader (but not employer) of health practitioners in a large health workforce, but am not responding on behalf of my health organisation.

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

Q10.

Your contact details

Name:

Q11. Email address:

Q12.

Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Q13.

Do you think that anything should be added or removed from the draft Data strategy?

1. A reference to using data for research (in among shared data value +/- insight generation). Not all practitioners or public will realise research fits with this unless it is explicitly stated. 2. Potentially - reference to partnering with other organisations to use research. Eg not just sharing data but contributing to external projects using the data, or, having support from external experts/areas to use and analyse data used for internal improvement. 3. Clarify - "Appropriately manage data at all stages..." - implies all data used will be managed by Ahpra - will this be beyond scope? Once the data is available or released will Ahpra have ongoing role in how that data is used (eg research by external parties).

Q14.

Focus area 1: The public register

Do you agree with adding more information to the public register?

- Yes
 No

Q15.

Focus area 1: The public register

What additional information do you think should be included on the public register?

1. Previous disciplinary history, emphasising that conditions have been met and that there are no longer conditions on their practice.

Q16.

Please share your reasons

This question was not displayed to the respondent.

Q17.

Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

Yes

No

Q18.

Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

General type of concern (consent, communication, malpractice etc); strategies used to correct the issue and clear comms that there are no restrictions or criminal (etc) issues ongoing.

Q19.

Please share your reasons

This question was not displayed to the respondent.

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

0 to 1 year

1 to 4 years

5 to 10 years

10 to 20 years

As long as the practitioner is registered as a health practitioner

Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.

Other, please describe 5-10 years, but with this perhaps depending on the type of disciplinary history (severity and risk considerations for public knowledge). Minor be visible for less time than major concerning issues.

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

AHPRA or Boards, based on info provided by practitioners. Only others can provide info (eg employer, public) if information is verified by Ahpra or board.

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

It would be great to improve the register website and portal (eg pull up a list of practitioners for a region +/- specialty - ie better filters, and printable or better displayed). I understand this is beyond scope here.

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

Depends on the data. A secure database with the type of data (headings etc) publicly available would be good - so people know what data exists. A process of applying for data would need to have rigorous governance procedures planned in advance - eg agreements with government organisations; approaches to use for human ethics approved research, limits on what is available without ethics etc. Reports with de-identified/summary data should be made publicly available, eg annually for each profession and for overall health practitioners.

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

Partner with experts ie Universities and researchers (beyond health profession experts - data experts etc). This has a PhD written all over it! Anything used should be tested thoroughly.

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Data collected should all be reviewed and justified regularly. If certain data items are being collected but not analysed/used internally, and not requested externally, what is the purpose of collecting it. Once planning the implementation strategy, each profession should be extensively consulted about what data would be most beneficial to each profession (not all will be the same) and partner with organisations (if not funded internally) to monitor and analyse that data, so that shared output can be used to benefit all across the profession, not just those requesting the data. Eg workforce reports/trends, student placement data etc. It would be fantastic if student data was linked to this work and made available on a larger scale, for workforce planning and recruitment/retention patterns etc (this work happens in little silos all over the country, but hard to link together).

Q1.

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No

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This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

I work for an employer of health practitioners.

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

Q10.

Your contact details

Name:

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Q12.

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Q13.

Do you think that anything should be added or removed from the draft Data strategy?

Q14.

Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

Q15.

Focus area 1: The public register

What additional information do you think should be included on the public register?

Q16.
Please share your reasons

I do not consider it necessary to add any more.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
 No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

Only if there has been a serious breach of professional conduct ie assault, sexual misconduct, behaviour that has caused injury or death through negligence. This is vital information and criminal records should be noted as such.

Q19.
Please share your reasons

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Q20.
Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
 1 to 4 years
 5 to 10 years
 10 to 20 years
 As long as the practitioner is registered as a health practitioner
 Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
 Other, please describe

Q22.
Focus area 1: The public register

Who should be able to add additional information to the public register?

Only APHRA Board should have the right to add information. This is a serious matter and needs to be considered carefully before publishing. Therefore, I believe it needs to go through a process of due diligence before it is placed on the record.

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

Increase social awareness / greater exposure that there is a register. Most of the community members would not be aware of the register, its name or purpose. Providing community with information about what details they can access and the benefits /purpose of accessing information to support making informed decisions.

Q24.

Focus area 2: Data sharing

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Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

International Health agencies, Employer Agencies would be beneficial recipients and providers of information / data.

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

Tred with caution with the use of advanced analytics : ensure there is a human intervention with final decisions / guiding of policies / risk management. Having efficiency and efficacy with data is important but there has to be skilled staff to support the analysis and subsequent planning and implementation of the data. There is no purpose to having data for data sake if it is not put to use in a timely manner, as the data becomes invalid if it 'sits' for too long waiting for action. Employment / staffing and purpose are major considerations.

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Q1.

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Q3.

Questions

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Q39.

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Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

Yes

No

Q6.

Please provide the name of the organisation.

This question was not displayed to the respondent.

Q7.

Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q8.

Which of the following best describes you?

I am a health practitioner

I am a member of the community

I am an employer (of health practitioners)

Other - please describe below

Q9.

Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

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- Medical
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- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

Q11. Email address:

Q12.
Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Yes

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

Yes

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

Yes

No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

Behaviour that is sexually inappropriate or violent should be carefully assessed and potentially stay on the register life long with a note that it is old and various remediation has happened

Q16.
Please share your reasons

This question was not displayed to the respondent.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

Yes

No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

This question was not displayed to the respondent.

Q19.

Please share your reasons

Only issues that pose a specific current risk to the public should go up. If current risk one might ask why ahpra is still letting the clinician work. Sexual or violent behaviour, maybe. Performance issues that have been rectified, no. The current arrangements are fine. No information should definitely go up about any complaints that are vexatious, potentially vexatious or under investigation. In this case local restrictions should be put in place only.

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

Specific risk assessment as per incident eg maybe 2 years whilst engaged in education for performance issues, maybe ten years- indefinite for sexual misconduct that was borderline losing registration.

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

Following medical council assessment only. Should be part of the restrictions put on a Practitioner: agree what goes on the register and for how long

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

Q24.

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Q5.

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Yes

No

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Please provide the name of the organisation.

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Q7.

Which of the following best describes your organisation?

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Other - please describe below

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- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Other - please describe below

Q10.
Your contact details

Name:

[Redacted Name]

Q11. Email address:

[Redacted Email]

Q12.
Draft Data strategy

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Does the draft Data strategy cover the right issues?

No

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

Practitioner complaints history, personal addresses and telephone numbers

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

- Yes
 No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

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Q16.
Please share your reasons

Privacy

Q17.
Focus area 1: The public register

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- Yes
 No

Q18.
Focus area 1: The public register

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Please share your reasons

Misleading.

Q20.

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- Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

Practitioner

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

Stop spending cash and time on red tape and bureaucracy

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

No. I think AHPRA should stop making so many demands and actually support practitioners

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

No. Practitioners are not out to hurt public, they should be protected not scrutinised to this degree.

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Protection of practitioners

Q1.

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Yes

No

Q6.

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Orthoptics

Q10.
Your contact details

Name:

[Redacted]

Q11. Email address:

[Redacted]

Q12.
Draft Data strategy

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Does the draft Data strategy cover the right issues?

Yes I think it is quite comprehensive

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

I think more detail needs to be included about how consumer feedback will be verified and addressed if tying to practitioner registration. There is a question mark over how representative of an AHP's performance this is and therefore how helpful it is to provide this in linkage with registration.

Q14.
Focus area 1: The public register

Do you agree with adding more information to the public register?

- Yes
 No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

Everything except the consumer feedback

Q16.
Please share your reasons

This question was not displayed to the respondent.

Q17.
Focus area 1: The public register

Do you agree with adding health practitioners' disciplinary history to the public register?

- Yes
 No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

Duration, is it still current, measures taken

Q19.

Please share your reasons

This question was not displayed to the respondent.

Q20.

Focus area 1: The public register

How long should a health practitioner's disciplinary history be published on the public register?

- 0 to 1 year
- 1 to 4 years
- 5 to 10 years
- 10 to 20 years
- As long as the practitioner is registered as a health practitioner
- Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.
- Other, please describe

Q22.

Focus area 1: The public register

Who should be able to add additional information to the public register?

AHPRA, professional board and the practitioner whose record it is

Q23.

Focus area 1: The public register

Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

I agree with the special interest thing but this needs to be backed up by accredited qualifications

Q24.

Focus area 2: Data sharing

The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations.

Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

Happy with what's suggested in the consultation document but AHPs with Aboriginal and Torres Strait Islander status should be able to opt out of data sharing related to their Indigenous status to respect their data sovereignty.

Q25.

Focus area 3: Advanced analytics

Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

Transparent reporting and keep interested practitioners updated.

Q26.

Other

Please describe anything else Ahpra should consider in developing the Data strategy.

Ensure FAIR principles are adequately considered.