

Public consultation on a draft Data strategy

Submission template

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on our draft Data strategy. The Data strategy will guide how we use data that we collect and store.

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

In addition to the Data strategy on page 4 of the consultation paper, we are consulting on the future directions for three focus areas:

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

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our [website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Do you want your responses to be published?

- Yes I want my responses to be published
- No I do not want my responses to be published

Your contact details

Name:

Organisation: HPCA

Contact email:

How to give feedback

Please email your submission in a Word document (or equivalent) to AhpraConsultation@ahpra.gov.au by 31 January 2023.

Submission template

Please read the public [consultation paper](#) (including the draft Data strategy) before responding. The draft Data strategy can be found on page 7 of the consultation paper.

Draft Data strategy
1. Does the draft Data strategy cover the right issues?
The draft Data Strategy appears to align with the objectives of the Health Practitioner Regulation National Law (National Law) and meets the expectations of the public; practitioners; employers; co-regulatory partners; government agencies and other bodies involved in public health and safety.
2. Do you think that anything should be added to or removed from the draft Data strategy?
No.
Focus area 1: The public register
3. Do you agree with adding more information to the public register?
<ul style="list-style-type: none">If yes, what additional information do you think should be included?If no, please share your reasons
<i>Support for additional information being included on the public register</i>
<p>We acknowledge that the public register allows members of the public and employers to know who is appropriately qualified and who has met the requirements to practise a health profession in Australia. We would support additional information being included in the public register, only where it is determined that it promotes public health and safety and assists members of the public in making informed decisions about health care choices.</p> <p>The inclusion of information on the register that falls outside the National Law may be problematic, noting that this information is governed by multiple pieces of legislation, regulations and policies, and is also owned by various other agencies. In addition, an unintended risk is that the public may be confused about which agency is responsible for which data items on the public register.</p> <p>We would support nationally recognised qualifications and short courses – i.e. first aid certificates, administration of vaccinations, cultural safety training etc – being included on the public register and consideration being given to whether linkages can be established to the Unique Student Identifier (USI).</p> <p>It may also be beneficial to include information relating to a practitioner’s national/state recognised accreditation and/or credentialling status for certain procedures/areas of practice. Some examples being state-based accreditation for radiation licences and the credentialling of practitioners in gastrointestinal endoscopy.</p> <p>Links to the national clinical outcomes registries are increasingly important and there may be a case for linkage between the register and specific outcomes registries, where that information is publicly available and is a validated tool e.g. https://www.safetyandquality.gov.au/publications-and-resources/australian-register-clinical-registries.</p> <p>We would support the inclusion of preferred or professional names, noting that practitioners may not be known by their registered name in a practice setting and this could lead to confusion for members of the public.</p> <p>The inclusion of practice names and locations may be beneficial. It is appreciated that, for a number of practitioners, a search of the internet will provide these details. However, it may be useful</p>

to patients if this was reflected on the register. However, the inclusion of this information could also be potentially problematic, as it may pose risks to the health and safety of practitioners. This could be remedied by introducing processes whereby practitioners opt in or consent to certain information being included on the public register.

If it is determined that additional information is to be included on the public register, careful consideration will need to be given to how this information is obtained, verified and/or maintained.

Ahpra must also ensure that there is no room for misinterpretation, by members of the public, of the information that is contained on the register.

Additional information not to be included on the register

We do not support the inclusion of additional qualifications that are not nationally recognised, and/or areas of special interest, as this may lead members of the public to wrongly assume that a practitioner's qualification/area of interest has been recognised/endorsed by a National Board.

Noting the principal purpose of the public register, we do not support consumer or other practitioner generated feedback being included. This would be subjective and very difficult to verify the information provided.

It is also important to note that practitioners are not permitted to use testimonials or purported testimonials when advertising regulated health services, as this would be in breach of the advertising guidelines. It would therefore be inappropriate to allow consumers to provide feedback on a regulator's register.

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

- If yes, how much detail should be included?
- If no, please share your reasons

The public's expectation is that the regulator takes timely regulatory action to ensure the public is protected at all times.

We acknowledge that the public register contains current registration information and active restrictions; the names of practitioners whose registration has been cancelled by an adjudication body; and links to adverse tribunal (disciplinary) decisions and court outcomes. We believe that this is sufficient information to protect the public and to allow for informed decisions to be made relating to an individual's health care choices.

We do **not** support the inclusion of information relating to previous regulatory action history, particularly where a practitioner has satisfied the regulator that restrictions are no longer necessary and that they are safe to practise their profession unrestricted.

5. 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 a registered 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: [Click or tap here to enter text.](#)

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

The National Boards and Ahpra are the appropriate bodies to maintain and verify any information that is to be included on the public register. Practitioners may be permitted to add certain information through a secure portal, however a level of verification will still be required by Ahpra.

The National Boards and Ahpra may wish to consider allowing automated data linkages and/or other approved agencies to provide information to be included in the public register.

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

The public register is an essential resource/tool that allows for registered health practitioners' current registration and/or restrictions on practice to be verified at any time by members of the public. Our concern is that the majority of the public are unaware of its existence.

We strongly recommend that Ahpra considers other means by which it can promote the public register, to ensure that members of the public are aware that it exists, prior to seeing a practitioner.

Focus area 2: Data sharing

8. 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?

We support the sharing of data where it will benefit the public, practitioners and/or assist with the regulatory work of Ahpra and its coregulators. It is also in the public interest for Ahpra to support anonymised research, particularly in relation to complaints/notifications and to assist in reducing future risk to the health and safety of the public.

We appreciate that the draft data strategy sets out high-level principles, however it would be beneficial to have further information regarding the framework and parameters for sharing data with other parties, such as how will it be ethically-approved and how it will be anonymised.

We strongly recommend a commitment to improving electronic data exchange between Ahpra; the Health Professional Councils Authority/NSW Health Professional Councils; the NSW Health Care Complaints Commission, and the Office of the Health Ombudsman QLD. The enabling of timely electronic transmission of information between our agencies should result in efficiencies and better risk management being gained regarding the management of complaints/notifications. In addition, the seamless transfer of data following regulatory action being taken by a regulator would result in the public register being updated in a timely fashion, which in turn would benefit the public and practitioners.

Data sharing should be restricted to:

- Coregulators – NSW Health Professional Councils/Authority; NSW Health Care Complaints Commission, QLD Office of the Health Ombudsman
- Federal and state health departments
- Federal and state education and training departments
- Tribunals
- Therapeutics Goods Administration (TGA)
- Medicare Australia
- National Disability Insurance Scheme (NDIS)
- Department of Veterans' Affairs (DVA)
- State agencies such as the NSW State Insurance Regulatory Agency (SIRA)

We also support real-time verification of practitioner identification. Consideration could be given to the use of myGovID, in order to reduce duplication.

Focus area 3: Advanced analytics

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

We support the proposed future direction for advanced analytics, as outlined in the consultation paper.

We recommend that data analytics be focused on the following three key areas:

- Effectiveness of regulatory decisions and activities
- Risk to the public related to subsequent complaints/adverse clinical outcomes/breaches of conditions
- Workforce requirements and the supply of health practitioners in future years.

Other

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

It is acknowledged that the draft Data Strategy emphasises the importance of protecting the data Ahpra captures. This is paramount, noting the type of information that is provided by complainants/notifiers and practitioners.

Noting recent high profile data breaches in Australia, it is imperative for Ahpra to ensure that its cyber security is sufficient to meet the expectations of the public and its stakeholders when it comes to protection of its data in future.

These risks may also increase in future should Ahpra permit third parties the ability to access/include information on the public register.

Thank you

Thank you for participating in this consultation. Your feedback will support Ahpra and the National Boards to use data to improve public safety.

Please email your submission to AhpraConsultation@ahpra.gov.au by 31 January 2023.

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.