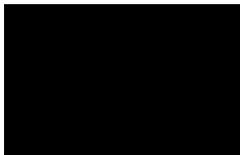


27/01/2023

Please find below our submission to the data strategy consultation.

If you have any questions, please feel free to contact me.

Kind regards



Luke Arundel

Chief Clinical Officer



Questions for consideration

Draft Data strategy

Optometry Australia is the peak professional body for optometry sector and represents over 85% of registered optometrists. Our mission is to lead, engage and promote optometry, optometrists and community eye health and vision care. We appreciate the opportunity to comment on this consultation.

1. Does the draft Data strategy cover the right issues?

With over ten years of regulatory data at its disposal Optometry Australia feels it is timely for AHPRA and the National Boards to be reviewing their data strategy, with the proposed draft covering the major issues.

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

In Focus area 1: The public register, further consideration could be given to improving public awareness of the register (as we note anecdotally many members of the public who contact our association are unaware that this data exists).

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Focus area 1: The public register

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

We believe that there would be benefit to the public in adding more information to the public register.

Additional fields which could be considered include:

- *Additional qualifications, including post-graduate qualifications and professional qualifications and training (e.g. administration of vaccinations)*
- *approval to provide specified MBS-funded services*
- *authority to prescribe*
- *Completion of cultural safety training, noting careful consideration would be needed of what training may be considered appropriate to trigger this listing*
- *areas of special interest, (noting guidance would need to be provided to practitioners and the public on what listing a special interest indicates)*
- *membership of professional associations*
- *ability to conduct consultation in AUSLAN.*

Some suggested additional fields, such as provision of telehealth services, specialised equipment and physical accessibility, may be practice or clinic specific, and, whilst providing useful information for patients, the practicalities of including this information, and ensuring its currency, when practitioners may be working across practices or changing practices mid-registration period, should be carefully considered. Further, this information may be duplicating that provided via the National Health Services Directory.

Any changes would need to be managed carefully and we would be cautious about any listing of consumer generated feedback on the register. (This seems at odds to AHPRA's longstanding position against testimonials in clinical care).

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

Optometry Australia understands and supports the need for the public to be able to access information to inform their health care choices. Notably, however, not all disciplinary history would be objectively useful for this purpose and careful consideration of what disciplinary history is listed should be made.

We also have some concerns about ongoing publication of disciplinary history (beyond what is required for intended protective effect of the regulatory action). The discussion paper lists, and we would agree that there is "potential for detriment to their practice/reputation if restrictions they have met and no longer apply, remain on the register as historical records. Continuing to publish

disciplinary history could have ongoing consequences for practitioners, beyond the intended protective effect of the regulatory action”.

We note that from 2018, links to adverse Tribunal (disciplinary) decisions and court decisions are already published on a practitioner’s record on the national register. We understand that the links remain on the register (even if the sanctions imposed by that decision are no longer on the register) to ensure transparency for patients, potential patients and the public.

Further consultation between the regulator, peak bodies and patient groups may be required in this area to strike the right balance.

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

If a decision is made to list disciplinary history on the public register, a legal parallel could perhaps be drawn to ‘spent convictions’ legislation, which currently exists in all Australian States and Territories as well as the Commonwealth, limiting the disclosure of certain older offences once a period of time passes during which a person has committed no further offences. This period is known as the ‘waiting period’ or ‘crime-free period’ and is generally 10 years where a person was dealt with as an adult and 5 years otherwise (3 years in NSW).

We understand that reprimands are currently published for 5 years. It may be difficult to determine a ‘blanket’ rule in this area, and case by case consideration may need to be based on the severity of the offence.

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

We suggest that the ability to add information to the register is best controlled by AHPRA.

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

As mentioned at point two above, increasing public awareness of the register would enhance its value and effectiveness.

Focus area 2: Data sharing

8. Our 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?

As the peak body for optometrists (and representing over 85% of the profession) there is certainly potential benefits for the public, practitioners and regulatory work to be explored through data sharing between the association and the regulator.

For example, in optometry, patients are often seeking a practitioner with a particular piece of equipment (eg pilots requiring Farnsworth lantern colour vision testing). This information is held by Optometry Australia and could facilitate the ability of patients to assist in their healthcare choices if shared (with consent) to the national register.

Within the confines of privacy legislation there is also potential for streamlining some regulatory work (eg audits) with enhanced data sharing between the regulator and peak bodies. Optometry Australia also currently uses regulatory data to ensure all members are actively registered.

Focus area 3: Advanced analytics

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

We would hope that this is used to help improve efficiencies and processing times at AHPRA. The proposed directions are logical and should be helpful across many of AHPRA's regulatory functions.

Other

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

We believe data collected by Ahpra could be more effectively, and regularly, utilised, to support analysis of the workforce with respect to population needs, and to assist with workforce planning and development. There is ready opportunity for not only the data Ahpra collects, but the agency more broadly, to play a central role in health workforce strategy development and monitoring.