



## Public consultation on a draft Data strategy

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### 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 These submissions will not be published on the website or elsewhere.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: [REDACTED]

Organisation: Office of Health Ombudsman

Contact email: [REDACTED]

### How to give feedback

Please email your submission in a Word document (or equivalent) to [AhpraConsultation@ahpra.gov.au](mailto: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?
<p>The OHO consulted with staff across its' divisions on the draft Data Strategy. Based on this consultation, the OHO:</p> <ul style="list-style-type: none"><li>• agrees that the draft Data Strategy document broadly covers the right issues;</li><li>• suggests further consideration be given to explaining what is meant by “organisations that can value-add public benefits” (see second dot point under ‘Shared Data Value’). OHO recommends consideration be given to revising this wording. .</li></ul>
2. Do you think that anything should be added to or removed from the draft Data strategy?
<p>The OHO suggests the following amendments to the draft Data Strategy for the purposes of clarity:</p> <ul style="list-style-type: none"><li>• adding an objective under the “Shared Data Value” domain that directly deals with enhancing and educating the public and employers about the existence, benefits and use of the national register;</li><li>• in regards to the Statement of Intent, adding the term health to “We collect, use and disclose data to improve public <u>health</u> and safety. This is because the collection of data also can be used to identify areas of need in health workforce planning and ability for public to access health services.</li></ul>
Focus area 1: The public register
3. Do you agree with adding more information to the public register?
<ul style="list-style-type: none"><li>• If yes, what additional information do you think should be included?</li><li>• If no, please share your reasons</li></ul>
<p>The OHO supports, in principle, the inclusion of additional information and increased transparency that will support informed consumer choice about health care and protect public safety.</p> <p>The public register is prescribed in the <i>Health Practitioner Regulation National Law (Queensland)</i> and proposed changes on mandatory inclusions would be subject to the consideration of Health Ministers, legislative amendment consultations and parliamentary processes. This question is a broader regulatory policy question rather than a question to be included within a draft Data strategy. However, OHO do note that section 225 of the <i>Health Practitioner Regulation National Law (Queensland)</i> provides for the National Boards to include “any other information the National Board considers is appropriate”.</p> <p>From the OHO’s experience in dealing with complaints and notifications, additional information about the services offered by the health practitioner would assist the public to make informed choices about their healthcare could include:</p> <ul style="list-style-type: none"><li>• additional qualifications and training e.g. such as cultural safety training;</li><li>• details of whether the practitioner is approved to provide MBS funded services;</li><li>• relevant licences e.g. radiation. This information is available online, but the public has to visit other regulators’ websites to obtain this information. This would allow for more streamlined access to information;</li><li>• language skills (other than English);</li></ul>

- authority to prescribe e.g cannabis would assist the public to make informed health care choices;
- listing all practice locations, not just the practitioner's principal place of practice, this would enhance accessibility for the public;
- information on the practitioner's history;
- end dates for conditions and undertakings, noting that end dates of suspensions are already mandatory under section 225(l) of the *Health Practitioner Regulation National Law (Queensland)*;
- aliases, including AKA names;
- date that the practitioner was first registered as a specialist in their speciality;
- formerly registered health practitioners.

The General Medical Council in the United Kingdom publish the full history of registered practitioners, including registration and licencing history, tribunal decisions, they also publish practitioners who once held registration, but who no longer hold registration. This extent of this type of information would give the public confidence that registered health practitioners have the training, skills and experience needed to meet the standards that patients expect.

Reasons why conditions have been placed on a health practitioner's registration in relation to conduct or performance matters could assist the public in making an informed choice on whether they wished to seek health services with the registered health practitioner.

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

As outlined above, the public register is prescribed in the *Health Practitioner Regulation National Law (Queensland)* and any proposed changes on mandatory inclusions would be subject to the consideration of Health Ministers, legislative amendment consultations and parliamentary processes. This a broader regulatory policy question, rather than a question to be included within a draft Data strategy.

The General Medical Council in the UK publish the full history of registered practitioners, including registration and licencing history, tribunal decisions, they also publish practitioners who once held registration, but who no longer hold registration. This information remains on the public register. This extent of this type of information would give the public confidence that registered health practitioners have the training, skills and experience needed to meet the standards that patients expect. However, this requires careful consideration.

The OHO supports, in principle, the inclusion of additional information and increased transparency that will support informed consumer choice about health care and protect public health and safety. The OHO agrees that there needs to be careful assessment and broad consultation on how to achieve protective regulation and informed consumer choice, while considering appropriate mechanisms to address potential detriment to a practitioner's practice, reputation, privacy and human rights such as timeframes and nature of detail provided on practitioner's disciplinary history.

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: Please see the response to the previous question.

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

In the interests of quality control and consistency of information responsibility for adding additional information to the public register should rest with Ahpra in consultation with relevant state authorities.

In respect to publication of decisions relating to immediate registration action, consideration could be given to allowing OHO the ability to add information to the public register when the Health Ombudsman makes a decision to take and publish immediate registration action to ensure timely notification to the public.

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

When considering the objectives of the draft Data Strategy domain in terms of “shared data value”, enhancing the searching functionality of the national register to be able to conduct searches based on more fields/filters would provide the public with an enhanced ability to self-service and access it as appropriate to assist with informed choices.

For example, an ability to search practitioners based on registration status, by location, by practitioner type and even the ability to search based on specialty. This appears to be an approach taken by the Medical Council of New Zealand. Any ability to implement such detailed search function would also need to consider relevant privacy considerations.

When considering the objectives outlined in the domain “Regulatory efficiency and effectiveness” having the capability to record multiple practice locations against a practitioner, rather than simply the Principal Place of Practice (PPP). The Boards may consider obtaining this information in a proactive way using the powers in section 132 of the Health Practitioner Regulation National Law (Queensland). The recording of this information can better inform our regulatory decision making and intelligence.

Further as outlined above, a specific objective should be incorporated into the draft Data Strategy addressing public and employer education and awareness.

### 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?

From the perspective of the OHO, sharing further information on the OHO-Ahpra shared portal would improve efficiency and the co-regulatory work of the two organisations.

From the internal consultations undertaken with the OHO divisions, examples of information that could be shared through the secure portal include:

- Decisions and investigation reporting for a particular practitioner - this was noted as something both agencies could send and receive better as a potential arrangement that would enhance regulatory efficiency on both ends.
- Information about the practitioner’s registration renewal: In essence, relevant responses from the form completed by the practitioner should also be viewable by the OHO.

- The ability for Ahpra to share data in regard to notification of relevant events under section 130 of the Health Practitioner Regulation National Law (Queensland). E.g Indemnity insurance information.
- Whether there is an active Ahpra investigation or if the practitioner has been flagged in someway.

For all the listed items above, it was noted that Ahpra does already provide some of them to the OHO on an ad hoc request basis. Automating this access would increase the accessibility and efficiency of regulatory responses.

### Focus area 3: Advanced analytics

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

OHO suggests Ahpra approach its use of when using advanced analytics (AA) and machine learning (ML) through adopting an ethical and evidence-based framework. See for example: [see also <https://www.industry.gov.au/publications/australias-artificial-intelligence-ethics-framework> ].

Further, advanced analytics and machine learning technologies should be incorporated in addition to traditional statistical and econometric approaches. This isn't to suggest that ML and Artificial Intelligence (AI) are not useful. Rather due consideration is needed since ML and AI models have a lower information yield compared to traditional approaches. In other words, diagnosing how decisions were made can be more difficult in cases where the decision was made via ML or AI compared to traditional approaches.

Because of this, the ideal circumstance for ML and AI usage is one that has low to no consequence to consumers if the system were to fail, but still increases operational efficiency when implemented correctly.

### Other

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

N.A

### 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](mailto: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.