

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 These submissions will not be published on the website or elsewhere.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

Organisation: Name: Health Consumers' Council WA

Contact email: [REDACTED]

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?
Yes
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
<ul style="list-style-type: none">Yes. Any information that may assist in the safety of a person who may visit the health practitioner.Practitioners should be enabled to submit their other relevant qualifications and learnings (or gather these directly from the training providers).Community members should be enabled to see if a practitioner has completed training, or is recognised as providing culturally safe practices for First Nations health consumers. Training included in required professional development points could be included.The register should be maintain its functionality of listing languages spoken by a practitioner – ability to list First Nations language groups would be idea.Areas of interest to a practitionerAreas of research a practitioner may have been involved in and papers published
4. Do you agree with adding health practitioners' disciplinary history to the public register?
<ul style="list-style-type: none">If yes, how much detail should be included?If no, please share your reasons
<p>Yes. Detail should be written plainly and detailed so all community members can easily understand the potential risks to their safety and health outcomes. Links to the public hearing (SAT/AAT) should be available.</p> <p>However, disciplinary history should only be added once it is confirmed as wrong doing. Information should be provided in plain English – we recommend that consumers/community members are involved in advising on this – to ensure that the information is clear and able to be understood easily.</p> <p>Complaints and investigations should not be posted until a decision is reached.</p>

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: The length of publication should be relevant to the severity of the action, and potential continued risk to a health consumer. A severe incident, that does not have a measurably effective corrective action, should have a longer length of publication. A minimum 1-year history should be maintained – particular services should be enabled to access historical records beyond this date (e.g., an advocacy service).

However, any cases of serious professional misconduct should remain for as long as the practitioner is registered.

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

No comment

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

Improve useability and reliability of register

The useability and reliability of the Ahpra register needs significant improvement. To compile this submission, a quick test of three searches to the register yielded:

- A data entry error (a date without any other text listed within the qualifications section);
- results that would not be consistent with the expectations of many community members (searching for a practitioner "Within 10km" of a suburb returns "We cannot find any exact matches in [postcode]..." and excludes the 3 practitioners that operate within this postcode. If you change the search to "Suburb Only", the practitioners then become visible in the list).

Additionally, a register that aims to assist health consumers make informed decisions about their healthcare must be accessible to all community members. The register, as much as possible, should be accessible to all people of Australia. The Ahpra register should, for example, be accessible to people with low literacy levels, people who do not have English literacy and are seeking information on their practitioner in another language, people who are vision impaired and may use screen readers, and to the many other population groups that have specific access needs. Processes to ensure access improvements are made in this area are strongly suggested (e.g., a working group to assist with identifying areas of access improvement required, and to co-design any improvements to be made.)

We would welcome a regular public awareness raising campaign to ensure the community are aware of the register and how to access it.

Consumers should also be able to provide complaints directly from a practitioner's page – not require the use of a portal.

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?

- Data should be shared to assist in statewide and national workforce planning
- Data should be shared with regulatory and advocacy groups upon request

Focus area 3: Advanced analytics

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

Health Consumers' Council recognises the potential benefits, as well as the significant risks, in utilising advanced analytics and machine learning technologies.

As discussed in the 19 January public webinar, there is significant concern that these models will promote the biases that exist within the data set, as well as the biases in the staff who are responsible for creating the analytic/learning model. This can disproportionately disadvantage particular population groups and become a significant safety concern.

We suggest that a working group of community members from diverse backgrounds be established – with all necessary training to enable them to contribute to the technical discussions – to examine and address the concerns about bias.

Other

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

Record to ensure a practitioner's condition compliance

When a condition is placed upon a practitioner, a record to show that the condition is being met should be kept and made publicly available. At minimum, a record of the last audit to ensure the condition is being complied with. As an advocacy service, we have had instances where Ahpra could not provide comment if a practitioner's condition was being complied with to discover that, in fact, a practitioner's condition/restriction was not being complied with or monitored.

Data for deregistered and deceased practitioners

Consumers should be enabled to access data, without fees, of audit history if a practitioner is deregistered or deceased.

Advertise the register's capability and value

A public campaign to inform people of the register's capability and its value. Affirm to consumers that it is ok to ask for these details from a practitioner, in the same way it is ok to ask a police officer for their details.

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.