

Response to Ahpra Data consultation

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

Response

Te Poari Whakaora Ngangahau o Aotearoa (Te Poari the Board) supports the development of a strategy to guide the use of data by Ahpra.

Good data strategy enables the safe and effective use of data for the benefit of both health consumers and health practitioners.

The Māori concept of [kaitiaki](#) or guardianship/ stewardship is often useful when considering the issue of data ownership. This implies that the data collected and held is not viewed as owned by the organisation but is instead looked after by the organisation on behalf of others and used for their benefit. We are not sure whether such concepts apply in Australia.

The draft strategy rightly identifies several issues that are relevant to the safe and effective use of data by Ahpra.

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

Response

Te Poari considers that the draft strategy would include specific reference to the use of indigenous data and in giving effect to indigenous rights and perspectives over its use.

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

If yes, what additional information do you think should be included? If no, please share your reasons

Response

Te Poari would consider that information relevant to enabling public confidence should be included. In publishing information about a practitioner, Ahpra should consider its regulatory role, and not veer into performing an advertising role for health practitioners and their services.

Additional qualifications, especially where the qualifications enable practice in a specific or specialised area of practice are additional training is required. This would provide extra public reassurance and protection.

Preferred or other name, especially when the name known by is significantly different to that which appears on the register.

We consider cultural training should be mandated for all practitioners providing healthcare.

Some other information could be included on an optional basis for practitioners with their consent (e.g., provision of telehealth services)

We would urge caution about the use of feedback on the register. This may be prone to bias or give the impression that Ahpra is implicitly endorsing particular practitioners by including this information.

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

Response

Te Poari does consider that relevant disciplinary history should be included on the register. All included history should be dated so that the public can see if and when the relevant issue has been addressed and concluded. Such information would have to be considered against the principle purpose of the regulator. For example is management of disciplinary matters seen as a punitive or restorative function. If the later then displaying such information would be contra to the former.

Consideration needs to be given where the history involves elements that relate to the personal health of the practitioner, or where the issue may impact on the privacy of others.

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

Response

Instead of a set time, Ahpra may want to consider a risk-based approach. This would mean that history that may indicate a higher risk (e.g., issues involving abuse of power or sexual misconduct) would be visible for longer than a one-off isolated offence of lower risk. This would be consistent with the 'clean slate' approach taken by many countries.

The other factor to consider about public register is making the public any health organisation that a register exists. How to access and what to look for.

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

Response

Additional information should be available to all who access the register. Privileging information to particular users means that all users of the register are not able to make informed decisions based on the same information.

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

Response

Advertising the value of the register and the ways that it can be used to access information so that it is regularly accessed and used by health consumers.

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?

Response

Te Poari supports the sharing of data with other groups for learning that have benefits for ensuring the safety of the public. In general, this would be on an anonymous basis.

When sharing de-identified data with other organisations it is recommended that:

- A framework is established to ensure that data is being used ethically, and for the benefit of the public, practitioners and/or regulatory work.
- Care is taken around re-identification. Data from areas with small numbers may mean that people are able to re-identified. (E.g., geographic locations, practice areas or ethnic groups)
- Analysis of data involving ethnic groups involves members from the ethnic group in the analysis and interpretation
- Transparency of data use is provided to those whom the data is about so they are aware of how their data may be used.

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

Response

Advanced analytics and machine learning has the advantage of giving new insights into the data that Ahpra holds. When developing models Ahpra should give consideration to:

- The ethical and governance framework used when developing analytical models
- Ensuring that data used for training new models does not mean existing inequities are embedded and perpetuated.
- The transparency of decisions that are made as the result of a model recommendation, particularly for when the process of decision making is not visible.

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

Response

It should have a clear definition of what is meant by data, is it just electronic data? Who has access to the data, where is it stored, and for how long?

What is the relation with other legislation such as the Official Information Act? Can data be requested through such a mechanism?

Providing the data to other agencies such as police.

The strategy should be reviewed at regular intervals to ensure that it remains relevant and consistent with community expectations and technological development.

Specific consultation with the Privacy Commissioner or similar.