Public consultation on a draft **Data strategy**

November 2022

Ahpra & National Boards

Contents

Public consultation paper

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

Our work to develop this draft Data strategy has happened against the backdrop of the COVID-19 pandemic. Ahpra and the National Boards recognise that registered health practitioners are continuing to lead the remarkable public health response to the COVID-19 pandemic in Australia and commend them for their sustained efforts. The context of the pandemic reinforces the importance of exploring how our approach to collecting and using data can better support health practitioners and health services to provide essential care.

We want your feedback

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

In addition to the Data strategy on page 7 below, we are consulting on the future directions for three key focus areas:

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

How to give feedback

We encourage you to use the online form to make your submission.

If you are unable to use the online form, you can make a written submission using Word (or an equivalent). Please email your submission to: AhpraConsultation@ahpra.gov.au.

The questions in the online form and the consultation paper are the same.

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 These submissions will not be published on the website or elsewhere.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.

Data and the National Scheme

1. Centralising collection, management and availability of comprehensive national data about registered health practitioners, students, and graduates was an important reason for establishing the National Registration and Accreditation Scheme (National Scheme). This data is a unique and highly valuable asset which we collect to perform our regulatory functions under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

2. The National Law and the *Privacy Act 1988* (Cth) govern how we collect, use, hold and disclose information. For instance, they govern what information we can give to other organisations and for what purpose. Some of the data we hold is publicly available on the online [register of practitioners](#)[1] (public register). Other data, such as data which includes third party personal information, can only be used for the main purpose for which it was collected and other approved purposes. Please see our [Privacy Policy](#) for further information about the data we collect and hold and how it is used.

3. As a custodian of this data, we face growing demand for both the data we make publicly available now through existing services and what we could make available in the future, subject to privacy and confidentiality obligations.

4. We recognise that while meeting the National Law and privacy requirements, there may be more opportunities to use and share some of the data we hold to give value to practitioners, the public and the broader health system, including improved public safety, practitioner regulation and workforce planning.

5. Ahpra and the National Boards are funded by health practitioners' fees, and so, data exchange and other data-related activities are typically funded through cost recovery from the relevant party(ies) seeking the data, where possible and appropriate. Our cost recovery considers the cost of providing specific data and our ongoing investment in data quality and development. We consider the public interest in providing the data and the contribution to the National Law objectives.

6. We are consulting to test the draft Data strategy with our communities and to get feedback on proposed directions and changes to how we use and share data.

7. The core objective of the draft Data strategy is to identify additional ways that the data we hold could provide greater benefit to the public, practitioners, and our regulatory effectiveness, while also ensuring that we protect the privacy of those whose data we hold.

---

1   Ahpra also publishes a list of [cancelled practitioners](#) and a list of [practitioners who have formally agreed not to practise](#).

Objectives of the draft Data strategy

8. As the national health practitioner regulator, the National Boards and Ahpra are an important part of the broader patient safety system. In this context, the aim of the draft Data strategy is to give strategic directions for the use of the data that we collect and hold. The draft Data strategy takes into account global trends in regulation and government towards greater openness and transparency and the increasing focus on the public value that regulators can provide through using and sharing data. Consistent with these directions, the recent amendments[2] to the National Law include provisions to improve information sharing between regulators, government agencies and other entities to better protect the public.

9. Much of the data we collect and hold is personal information about individual practitioners and notifiers. We take our privacy and confidentiality obligations for this data very seriously and apply rigorous security measures.[3] In exploring how to work in a more transparent way, we recognise that deciding what information should be publicly accessible or shared involves carefully balancing the public interest with the interest of individual practitioners.

10. The intent of the draft Data strategy is to ensure that the data we collect and hold is used to:

- achieve the objectives of the National Scheme, including:

  - to protect the physical, psychological, and cultural safety of the public

  - enable service delivery and a sustainable health workforce

  - facilitate public choice and access to health care provided by registered health practitioners, and

  - support our work with practitioners, notifiers and others who engage with the National Scheme.

- uphold the guiding principles of the National Scheme, specifically to ensure that we operate in a transparent, accountable, efficient, effective and fair way, and

- help us regulate more efficiently and effectively.

11. Other work is being carried out by Ahpra and National Boards to improve practitioners' experience and improve public safety outside the draft Data strategy. For example, in future, a comprehensive online practitioner portal will streamline practitioners' interactions with Ahpra by providing tailored information about registration and notification processes and improved self-service options.

12. In addition, we work consistently with broader government policy to proactively promote access to government information including under Freedom of Information legislation and by participating in the information publication scheme.[4]

---

2   The recent amendments to the National Law are yet to be considered by the Parliament of Western Australia.

3   Ahpra's Information Security policy is available at www.ahpra.gov.au/About-Ahpra/Privacy-Freedom-of-information-and-Information-publication-scheme/Information-Publication-Scheme.aspx

4   We also draw on expertise from our work with partners such as the Digital Health CRC.

Draft Data strategy

13. We are seeking feedback on the draft Data strategy on page 7.

14. The draft Data strategy is a 'high-level' guiding framework to inform how we use and share the data we collect and hold. It focuses on how we use our data internally, as well as how we share data externally. It does not include the plan for implementing the strategy, which is subject to finalising the strategy.

15. The Statements of intent are 'guiding principles' to inform all decisions about the management, use, and sharing of data we collect and hold.

16. The four strategic objectives – 'Regulatory efficiency and effectiveness', 'Trust and confidence', 'Insight generation' and 'Shared data value' – incorporate our aspirations for how we aim to use and share data. The aim is to maximise its value to practitioners, the public and our regulatory effectiveness while ensuring the data is always appropriately governed and managed. The objectives also reflect how data can enhance the National Scheme's contribution to public safety, workforce planning, and access to health services.

Draft Data strategy
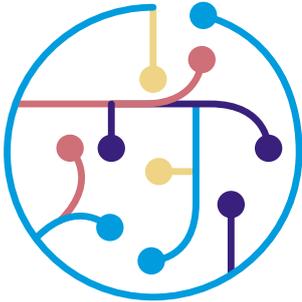
Statements of intent

Our communities have trust and confidence in our data

We collect, use and disclose data to improve public safety

We respect the privacy of an individual's data

Our data is fit for purpose and protected

Regulatory decisions are made by humans supported by data

Domains and objectives

Regulatory efficiency and effectiveness

- Data about a practitioner is easily accessible and integrated **to better inform our regulatory decision making and intelligence**
- Data about our functions/activities is accessible and integrated **to enable efficiency, workload management and prioritisation**
- We automate the end to end flow of data (from capture to output) **to increase efficiency and accuracy**
- Our technology and processes **enable access to accurate, timely, complete data to support our work**

Trust and confidence

- We provide a streamlined experience for our data consumers (public, patients, practitioners, staff) **to improve consumer satisfaction**
- Data that is used for decision making or shared with external parties is fit for purpose **to ensure appropriate decisions are made and improve organisation reputation**
- Data is suitably governed, protected and ethically used **to ensure our communities have trust and confidence in how we use their data**
- We appropriately manage data at all stages of the data lifecycle (from capture to use) **to ensure it is accurate, reliable and complete**

Insight generation

- We adopt best practice, innovative and advanced analytical methods **to inform and improve the work we do**
- Increase sophistication of risk assessments using expanded risk factors data **to help determine where the risk of harm is higher**
- We use data and evidence-based decision-making models **to increase consistency and appropriateness of decisions**
- We analyse and access relevant datasets **to support workforce planning for a sustainable health workforce**

Shared data value

- We obtain data from, and exchange data with, relevant organisations **to better inform our work and understand risks and behaviours**
- We enable the expanded use of our data by providing data to organisations who can demonstrate **value-add public benefits**
- The public can access our data as appropriate **to assist with informed choices**
- We provide value-add data to practitioners **to assist with safe practice**
- Data provision and services are subject to cost recovery where appropriate **to ensure sustainability of data exchange**

Issues for consultation

Focus area 1: The public register

Current status

17. The public register is the only list of all registered health practitioners in Australia. It lets the public and employers know who is appropriately qualified and has met the requirements to practise a health profession in Australia. It is an online, searchable tool which enables anyone to check the registration details of any registered health practitioner at that point in time. It includes current registration information and active restrictions. It does not include previous registration or restriction information such as that a practitioner has previously been suspended, even where that information is public and/or was formerly published.

18. The National Law requires each of the National Boards, working with Ahpra, to keep a public national register that includes the names of all health practitioners currently registered by the Board.

19. Each Board must also keep a public national register that includes the names of all health practitioners whose registration has been cancelled by an adjudication body, such as a tribunal.[5]

20. Copies or extracts of the register can be requested (subject to a fee).[6]

21. The National Law specifies information that must be recorded on the public register. In addition, Boards may include any other information considered appropriate. Some types of information, such as disciplinary history, which are not published, are available on request.

22. The register includes links to tribunal decisions about individual health practitioners. In 2018 the National Boards decided to publish links to adverse tribunal (disciplinary) decisions and court outcomes on a practitioner's record on the national register. This decision was in line with a recommendation made by Professor Paterson in the [Independent review of the use of chaperones to protect patients in Australia](#).

23. Links are included for all adverse disciplinary decisions and court outcomes relating to a registered practitioner, where the decision is already public and the name of the practitioner has not been suppressed. Our [website](#) has more information about how we publish this information.

24. In publishing this information, we are conscious of balancing the public interest with the significant potential impact on practitioners and how to support a practitioner's return to safe practice after disciplinary action has been completed.

25. Some of the information on the public register is confirmed (e.g. name, qualifications) while other information is reported by practitioners (e.g. principal place of practice, languages spoken).

26. Other regulators also publish registers of the practitioners they register, often with similar information to our public register. However, some regulators publish more information, for example about a practitioner's disciplinary history or aspects of their practice.[7] For example, the College of Physicians and Surgeons of Alberta publishes whether a practitioner is taking new patients and whether they provide wheelchair access. The Californian medical regulator publishes full disciplinary history.

---

5   Each National Board must also publish a list of approved programs of study providing a qualification for the purposes of registration in the health profession which the Board is established to regulate.

6   www.ahpra.gov.au/about-ahpra/what-we-do/data-access-and-research/what-data-are-available.aspx

7   General Medical Council. *A review of the List of Registered Medical Practitioners*. 1 April 2015.

Proposed future direction for the public register

27. While there have been some improvements to the search functions of the public register, the information on the register has changed very little since the National Scheme began, while there have been many changes in the health system, including during the pandemic.

28. There may be value in making more information available on the public register, making it more accessible to a wider range of people, as well as raising the profile of the public register. The register is a critical source of information for employers to check that the practitioners they employ are registered. The public can also check that the practitioners they consult are registered. In future, depending on what information it includes, the register could become an even more important source of information to inform the public's health care choices.

29. Additional information that may be of value to practitioners, the public, employers, and others could include practitioners':

    • additional qualifications, including post-graduate qualifications and professional qualifications and training (e.g. administration of vaccinations).

    • approval to provide specified MBS-funded services

    • provision of telehealth services

    • authority to prescribe

    • cultural safety training

    • areas of special interest

    • end dates of suspensions, conditions or undertakings

    • registration history

    • regulatory action history

    • preferred or professional name

    • relevant licences e.g. radiation

    • membership of professional associations

    • practice names and locations, and/or

    • further practitioner and/or consumer generated information about a registered health practitioner for example, consumer feedback.

30. This additional information could be provided by practitioners, the public, authorised stakeholders, or via publicly available information (such as the white pages). However, we would need to carefully consider how this additional information could be identified on the public register, and how this data would be managed and by whom. For example, a practitioner's approval would be needed to publish some types of information.

31. There needs to be careful assessment of the benefits and risks associated with including historical registration and restriction information on the register. This assessment would need to balance competing interests – the public's interest in accessing public information to inform their health care choices and practitioners' concerns about potential 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.

Case study: The public register – relevant disciplinary history

A medical practitioner in a rural local women's health service has a history of notifications involving female patients and inappropriate communication and poor approaches to consent and physical examination. Regulatory action was taken in the form of conditions for education, supervised practice and mentoring. As the practitioner has met these conditions, there is nothing on the public register that alerts an employer or the public to their disciplinary history.

The local media has contacted Ahpra and asked if the disciplinary history is correct, and Ahpra has confirmed conditions were previously in place but they are no longer published on the public register. This has now been reported by the media.

A new patient of the practitioner learns about the practitioner's history from the local media. The patient had checked the public register before seeing the practitioner and expected that it would have included the practitioner's disciplinary history. They are now concerned about potential risks to themselves and questioning whether or not they should continue seeing the practitioner.

The practitioner feels that they have met the conditions and it would be detrimental to their career if the conditions were permanently displayed on the public register.

32. Practitioner-reported information may include information that is reliable and helpful even if it is not confirmed at the source. For example, in the early stages of the COVID-19 pandemic, we surveyed nurses, midwives and pharmacists to identify which practitioners are qualified to administer vaccinations. The data collected through this survey may be helpful to include on the public register (with practitioner consent) to inform the public and employers, in addition to us providing it to governments for COVID-19 vaccination planning. Publishing this type of information could also benefit practitioners, by helping potential patients and employers identify practitioners with additional skills.

33. Information collected from practitioners about their Aboriginal and Torres Strait Islander identity may also be helpful to include on the public register, with practitioner consent. This could benefit practitioners and patients in accessing culturally safe care.

Case study: The public register – a member of the public's point of view

Shae is looking for a nurse who can explain the recommended COVID-19 vaccine schedule to her and her father Coen, who is severely immunocompromised.

Shae and her father need some help to understand the difference between a 4th primary dose of COVID-19 vaccine, and a booster shot.

Coen speaks only limited English. Shae is hoping to find a nurse who speaks Warlpiri, can provide vaccinations, and practices within 60km of their home or offers locum services. This will enable her and Coen to obtain more information, from a trusted source, on which vaccination schedule is recommended for him. Through searching the public register by languages spoken, vaccination qualifications (qualifications to be able to provide vaccinations), cultural safety training, practice location, and services offered, Shae is able to find a nurse who meets her father's needs and organises for them to visit her father at home.

Focus area 2: Data sharing

Current status

34. Ahpra currently receives and shares data with specific organisations to meet our legislative obligations, including:

- co-regulators (NSW Health Professions Councils Authority (HPCA) and the Office of the Health Ombudsman Queensland (OHO))
- the Departments of Health and Services Australia (for data about Medicare billing and Pharmaceutical Benefits Scheme prescribing)
- the drugs and poisons regulator in each jurisdiction
- courts
- the police
- accreditation authorities, and
- health complaints entities.

35. In addition to the public register, we offer a service which provides approved healthcare organisations and employers with regular updates on the registration status of registered health practitioner employees.[8]

Proposed future direction for data sharing

36. Recently there has been a growth in the volume and complexity of requests for our data. More organisations are requesting access to our data and increasingly wanting data that is customised to their specific needs.

37. There is increasing interest in data about the practitioner lifecycle, from student through registration to retirement, to inform workforce planning and regulatory policy. This parallels similar interest in lifecycle data in other sectors, such as education. For example, the Australian Government has expanded its use of a unique student identifier (USI), which is an individual education number for life. Students at university, TAFE or doing other nationally recognised training now need a USI to get Government financial assistance for their higher education or VET qualification or a statement of attainment for their course and this enables the Government to collect better data about education patterns.

38. We are also keen to expand the use of data and data-sharing capabilities, including two-way data exchange, to improve our effectiveness and further play our roles in increasing public safety, informing health workforce planning, and improving access to health services. We want to explore how data sharing and two-way data exchange could benefit practitioners and the public.

39. The draft Data strategy sets out high-level principles to guide decision-making and policy in assessing requests to share data (including two-way exchange) and relevant policy.

---

8   This service is known as the 'Practitioner Information Exchange (PIE)' platform. It was established in 2014 in response to a need to efficiently and securely transfer practitioner data in bulk to health entities, government departments and co-regulators.

40. Future data-sharing might include:

- real-time verification of practitioner identity, including two-factor authentication (that is, verifying that a practitioner who is logging into a service for instance is who they say they are by sending a code to their email address or mobile). This could provide additional security for practitioner data
- data uses related to significant public health issues, such as COVID-19, including for immunisation registers and training
- use of additional practitioner identifiers when exchanging data including government health departments and others wanting to exchange information using the unique Healthcare Provider Identifier that Ahpra issues to each practitioner, and higher education providers wanting to use medical intern placement numbers or student numbers to assist with the transition from study to employment
- exchanging data with health sector employers and Government agencies to help with workforce planning, including to identify and address areas of need or workforce shortages, and
- a small number of government organisations having access to specifically customised versions of the PIE service. For example, customisations to PIE have been developed to enable the objectives of, and data exchange with, the Commonwealth Department of Health for National Real Time Prescription Monitoring (a system to monitor the prescribing and dispensing of controlled medicines with the aim of reducing their misuse which has been implemented in several states and territories with others to follow).

Case study: Contributing to Real Time Prescription Monitoring of controlled medicines

The misuse of controlled medicines is a growing concern within Australia, with levels of overdose and accidental deaths rising. Controlled medicines include pain medications such as oxycodone, morphine and fentanyl and other high-risk medicines (determined within each State or Territory), including all benzodiazepines such as diazepam.

The Real Time Prescription Monitoring (RTPM) system is a nationally implemented system, designed to monitor the prescribing and dispensing of controlled medicines with the aim of reducing their misuse in Australia.[9]

RTPM provides information to doctors (prescribers) and pharmacists (dispensers) about a patient's history and use of controlled medicines when they are considering prescribing or dispensing these medicines. RTPM helps practitioners ensure they are appropriately prescribing and dispensing controlled medicines and help with public safety.

The federal, state and territory agencies are working together to implement RTPM. Ahpra has worked with the federal Government to provide data from the public register to enable verification of health practitioners when they log in to RTPM. This data is essential to the effective implementation of RTPM and is an example of how our data can contribute to the safety and quality of health care.

---

9 Australian Government Department of Health (2022), www.health.gov.au/initiatives-and-programs/national-real-time-prescription-monitoring-rtpm

Focus area 3: Advanced analytics

Current status

41. Ahpra and the National Boards hold over ten years of regulatory data. This is an asset that can be used for many purposes related to improving public safety in health care, including risk assessment, improving access, and workforce planning. We regularly publish some data, for example through our annual report and quarterly statistics.

42. Until now, our focus has been on regulatory reporting and research and using data for descriptive and diagnostic purposes – that is, to review what happened historically and why (see explanatory Figure 1, below). Some of this reporting and research is carried out by Ahpra guided by a research framework which includes priority areas and a Research Evaluation Committee, and some is carried out via formal research partnerships.

43. Like many other government organisations, we are starting to explore how new technologies such as predictive analytics (see diagram below) could help human decision makers make regulatory decisions, but not to automate regulatory decisions.

44. According to the NSW Ombudsman,[10] new machine technologies have the potential to improve 'accuracy and consistency in decision-making, as well as mitigating the risk of individual human bias'. However, it is essential that this new technology is applied within a strong legal and ethical framework, that complies with administrative law and the principles of good administrative practice.

45. We are committed to this approach. As the Statements of Intent in the draft Data strategy state, we will ensure that data is used appropriately and ethically, in line with the National Law and *Privacy Act 1988* (Cth). All complex regulatory decision-making including where we seek to apply advanced analytics work will always involve human judgement. Data will be used to support human regulatory decisions (augmented intelligence), not to automate complex regulatory decisions (artificial intelligence).

Figure 1: Types of analytics capability (edited)
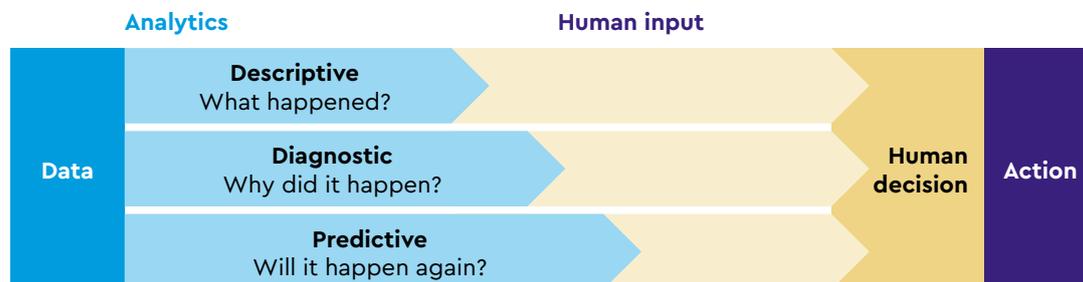
Source: Gartner (October 2014)

10 NSW Ombudsman (2021). The new machinery of government: using machine technology in administrative decision-making, www.ombo.nsw.gov.au/news-and-publications/publications/reports/state-and-local-government/the-new-machinery-of-government-using-machine-technology-in-administrative-decision-making

Proposed future direction for advanced analytics

46. We are looking at how we can use the substantial information held in our core regulatory data and the additional insights we could create by combining this data with other internal and external information, and analysing it in new and innovative ways. We are keen to explore how new technologies could benefit practitioners and the public through making our regulatory work more effective and efficient, always with strong human oversight and privacy protection.

47. Machine learning and advanced analytics have potential to support the effectiveness and efficiency of our regulatory work. For example, in our registration processes, these technologies could help us expedite registration processes, including applications for registration from overseas-qualified and registered practitioners. In our notifications processes, these technologies could help us develop tools to help triage higher risk matters, and manage increasing caseloads effectively. These efficiencies could result in reduced stress for practitioners, overseas-trained practitioners, members of the public and staff by reducing timeframes to assess applications for registration and to resolve notifications. These tools could provide another input into decision-making based on previous decisions and a range of predictive factors.

48. Other examples of using new technologies include to:
    - analyse unstructured data in documents, to help us triage and risk-assess notifications more efficiently and effectively
    - identify risk factors for non-compliance with restrictions on registration and registration requirements which we could share with practitioners to help them self-manage risk and support professional practice
    - assess the most effective interventions and restrictions and likely compliance
    - identify predictive risk factors that may lead to notifications – for instance disengagement, major life events, late re-registration, previous notification types which we could share with practitioners to help them self-manage risk and support professional practice
    - improve our detection of fraud in registration applications, helping to protect the public and the integrity of the professions we regulate
    - assess application decisions and their effectiveness, and
    - carry out sentiment analysis and consumer confidence analysis using social media and forums, to better understand practitioner and public views of our work.

Case study: Advanced analytics – Streamlining the management of notifications through triage recommendations

Safe, professional practitioners, engaged by safe, responsive health services, benefit all patients and the broader community. The notifications process, whereby concerns can be raised about a health practitioner's health, conduct, or performance, is an important mechanism to ensure that practitioners provide safe care.

Raising a concern or having a concern raised about you can be stressful. Waiting for the process to be worked through may exacerbate that stress. Reducing the time to manage notifications can reduce stress for both the practitioner and the person who raised the concern.

By using advanced analytics, it is possible to compare the details of a notification against previous notifications with similar concerns, to predict whether a concern is likely to be high risk and take some time to manage, or low risk and may be managed quickly.

Although complex regulatory decisions will not be made without human input, by using advanced analytics to help triage concerns, they can be progressed more quickly, reducing stress to all involved.

Advanced analytics can also help give input into how quickly action may need to be taken, and what type of action may need to be taken, depending on the risk-profile of the notification.

Questions for consideration

Draft Data strategy

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

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

Focus area 1: The public register

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

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

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

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

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

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 Ahpra could share data with and/or receive data from other organisiations to benefit the public, practitioners and/or our regulatory work?

Focus area 3: Advanced analytics

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

Other

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