Q1.
Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

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

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

In addition to the Data strategy, we are consulting on the future directions for three key focus areas:
- the public register of health practitioners
- data sharing, and
- advanced analytics.

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.
Publication of responses
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 These submissions will not be published on the website or elsewhere.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.

Please select the box below if you do not want your responses to be published.

☐ Please do **not** publish my responses

Q3.
Questions
If you have any questions, please contact Ahpra's Strategy and Policy Directorate by emailing AhpraConsultation@ahpra.gov.au.

Q39.
Acknowledgement of Country
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.

Q4.
Please click on the arrow below to start your submission.

Q5.
About your responses

Are you responding on behalf of an organisation?

- ● Yes
- ○ No

Q6.
Please provide the name of the organisation.

The Pharmacy Guild of Australia

Q7.
Which of the following best describes your organisation?

- ○ Health services provider
- ○ Professional indemnity insurer
- ○ Legal services provider
- ● Professional body (e.g. College or Association)
- ○ Education provider
- ○ Regulator
- ○ Government
- ○ Ombudsman
- ○ Other - please describe below

Q8.
Which of the following best describes you?

Q9.
Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

Q10.
Your contact details

Name:

████████████

Q11. Email address:

███████████████

Q12.

Draft Data strategy

The draft Data strategy can be found on page 7 of the <u>consultation paper</u>.

Does the draft Data strategy cover the right issues?

> The Guild is satisfied that the draft data strategy covers the appropriate issues. Please refer to the Guild's responses to the other consultation questions outlining the opportunities for the public register, and the Guild's concerns with the proposals regarding additional practitioner information and advanced analytics.

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

Q14.

Focus area 1: The public register

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

○ Yes
◉ No

Q15.
Focus area 1: The public register

What additional information do you think should be included on the public register?

This question was not displayed to the respondent.

Q16.
Please share your reasons

> The Guild believes that additional information added to the public register should be restricted to the types of information that are required to be displayed under the National Law. Information displayed in the public register should be current and not historical, verified, and should not contain any information that could potentially compromise the safety of healthcare practitioners. The Guild is concerned that if information available on the public register is too broad, the register risks becoming an advertising and testimonial-based platform, similar to "Whitecoat.com.au" for example, instead of the public register intended under National Law. Suggestions in the consultation paper such as information about practitioners' "membership of professional associations" or their "areas of special interest", for example, would be too broad to include on the public register. The Guild believes that certain information is valuable for the purpose of Ahpra's work and should be collected upon practitioners' registration or renewal, including vaccination qualifications, areas of special interest and self-identified Indigeneity. However, such information should not be displayed in the public register, and access to this information should be restricted to the purposes of reporting and intelligence on workforce issues and similar purposes. The Guild believes that Ahpra should prioritise information that helps the public confirm the registration status of practitioners, or helps them locate a practitioner that meets their individual needs (i.e., languages spoken by the practitioner). Any additional information displayed on the public register should be limited to information that may improve patient care and safety. We also acknowledge that enhancements to the register in recent years have been helpful to the public, such as the ability to search by partly spelled or incorrectly spelled names, or the preferred or professional names of healthcare practitioners.

Q17.
Focus area 1: The public register

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

○ Yes
◉ No

Q18.
Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

This question was not displayed to the respondent.

Q19.
Please share your reasons

> The Guild believes that adding information about health practitioners' disciplinary history to the public register would unfairly punish health practitioners by permanently affecting their reputation, and therefore their ability to practice. It could also pose a risk to their safety. The Guild reiterates our recommendations from our response to the previous phase of this Ahpra consultation in September 2021, that: • information displayed on the public register should be current and not historical, and • it shouldn't contain information that could potentially compromise the safety of practitioners. We do not believe that there is a need to add disciplinary history such as "end dates of suspensions, conditions or undertakings", "registration history", "regulatory action history" or "practice names and locations" to the public register, as Ahpra suggests in the consultation paper. It would be only appropriate to add the end date of a suspension, for example, if the suspension is current. Disciplinary actions themselves should suffice without the additional penalty of publishing disciplinary history on the register.

Q20.
Focus area 1: The public register

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 registered as a 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 [   ]

Q22.
Focus area 1: The public register

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

> The Guild believes that in order to maintain the public's trust and confidence in the information on the public register and the intended purpose of the register under the Health Practitioner Regulation National Law (the National Law), the public register should not contain any unverified information. Adding information such as "practitioner and/or consumer generated information about a registered health practitioner, for example consumer feedback", would undermine the integrity and reliability of the public register. Unverified external data sources such as social media or consumer feedback should not be included in the public register or data analysis, because data available from unverified sources is unregulated, gives no context to the complex requirements and situational factors associated with the delivery of healthcare, and denies practitioners a right of reply in not being able to respond to feedback. There is a high risk of information or comments on social media being unfounded, deceptive, misleading or vexatious. If Ahpra were to allow practitioners to add additional unverified information about themselves, this information would need to be located in a defined area of the public register, separate to the verified, formal component of the public register which fulfils the intended purpose under National Law. Further, if additional information is allowed to be added by practitioners, it should be limited to information that does not mislead or deceive the public, and does not pose any risk to patient safety. A disclaimer or warning would also need to be provided to clearly indicate that the information is unverified, and that the individual accessing the information should make their own assessment about whether they will rely on the information.

Q23.
Focus area 1: The public register

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

> The Guild recommends combining the three current registers into a single register that can be filtered in various ways to obtain information on a practitioner's registration status (i.e., current, suspended or cancelled). The public may not currently realise that there are separate registers, so combining the registers would be helpful to the public.

Q24.
Focus area 2: Data sharing

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?

The data Ahpra should be providing to, and receiving from, other organisations should be limited to the functions of: • protecting public safety, • regulating practitioners, • clinical governance, • supporting practitioners in their role of delivering patient care, and • workforce planning to enhance patient care. The Guild believes it is appropriate for Ahpra to share de-identified information with governments, regulators and other key stakeholders with a defined interest in the specific areas above. As the peak body representing community pharmacy, the Guild is interested in workforce supply and demand modelling to understand and forecast current and future workforce pressures, so that strategies can be implemented to ensure the pharmacist workforce can sufficiently meet the needs of the sector. The information we currently access is from publicly available Pharmacy Board of Australia statistics, and the Department of Health and Ageing workforce reports. The ability to request more specific, de-identified data would help the Guild to more accurately model and develop targeted programs or incentives. For example, knowing the breakdown of pharmacists by Modified Monash Model (MMM) in each jurisdiction would help the Guild with workforce modelling. The ability to have individual longitudinal workforce data would be highly valuable to the profession of pharmacy, which is currently experiencing challenges in attracting and retaining early career pharmacists. Being able to target our strategies to promote the profession and address barriers to retention would ensure that there is sufficient workforce to maintain adequate staffing levels to safely provide healthcare. Additionally, providing information on trends in notifications and complaints provided to health professional bodies would allow the Guild to develop education and resources to address safety or professional practice issues early. The Guild would support the exchange of de-identified data to monitor trends relating to practitioner non-compliance or evidence to suggest illegal behaviour or professional misconduct. Information relating to the collection, analysis and publication of various quality indicators that inform or support clinical governance activities would also be valuable. However, Ahpra will need to consider the high risk of negative perceptions of practitioners and other stakeholders if the use of data extends beyond the Ahpra's scope as defined in the National Law. Ahpra's use of data should be balanced with public safety. The Guild believes that data exchange should remain clearly within the scope of public safety, regulating practitioners, clinical governance, supporting practitioners in delivering care, and workforce planning. Using information connected to these areas to provide an educative, rather than a punitive approach may also reduce any reputational risks to Ahpra.

Q25.

Focus area 3: Advanced analytics

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

The Guild suggests that predictive modelling for workforce capacity as well as predictors of length of time in the profession would be of use for workforce strategy, planning and policy. Qualitative and quantitative data from education providers, preceptors, employers and practitioners would help Ahpra and its stakeholders to understand practice or workforce issues or trends. An 'exit interview'-type data set for practitioners who are not renewing their registration would also be valuable to understand workforce pressures or trends. However, the Guild believes that using advanced analytics in the following ways proposed in the consultation paper would lead to unfairly targeting practitioners based on their past compliance records: • "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" • "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". We acknowledge Ahpra's intention to support practitioners to self-manage risk factors, and such models do offer scope to strengthen support for practitioners who are exhibiting risk factors to reduce the likelihood of incidents occurring, for example mentor programs for early career registrants, and professional development opportunities for practitioners who have previously breached conditions of registration. However, there is a risk that advanced analytics may result in predictive policing-style models, by identifying risk factors for a practitioner's future non-compliance with conditions of registration. The Guild has legitimate concerns about the following: • ethical concerns around mass surveillance • stigma for practitioners who are identified under such measures but would not otherwise have required intervention • the risk of dehumanising practitioners • the risk of increased inequality, for example where a practitioner has previously been suspended, and has been rehabilitated in the areas of concern, but continues to be more stringently monitored than other practitioners. The Guild believes that advanced analytics and technologies should be used only for analysing broad workforce issues and trends to support health policy and planning, and that it should avoid identifying risk factors in individual practitioners for the reasons outlined above. Any use of advanced analytics should support continuous improvement for health practitioners without negatively impacting the level of attractiveness for people to become health practitioners, considering Australia's need to grow its health workforce.

Q26.

Other

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

The Guild believes that information on practitioners in the public register should be current and not historical, and should not contain any information that could potentially compromise the safety of healthcare practitioners. The public register should also not include any unverified information such as information generated by consumers or other practitioners, as this would impact the integrity and reliability of the register. We also reiterate our concerns about the risks of using advanced analytics, including the risk of unfairly targeting individual practitioners. The Guild sees great value in data exchange with stakeholders, and would be interested in accessing de-identified data and analytics for workforce supply and demand modelling in particular, to understand and forecast current and future workforce pressures. This data would help the Guild to more accurately model and develop targeted programs or incentives for the community pharmacy workforce, to enhance patient care. Individual longitudinal workforce data would be highly valuable to the Guild in being able to target our strategies to promote the profession and address barriers to retention. However, Ahpra's use of data should be balanced with public safety, and data exchange should remain clearly within the scope of public safety, practitioner regulation, clinical governance, supporting practitioners in delivering care, and workforce planning. Development of the data strategy is an opportunity for Ahpra to support continuous improvement for health practitioners and to ensure that the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme. Australia needs to grow its health workforce and as such, all actions of Ahpra influence and impact the level of attractiveness for people to become health professionals. About the Guild: The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing the community pharmacy network of almost 6,000 community pharmacies. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain, and support community pharmacies as the appropriate providers of primary healthcare to the community through optimum therapeutic use of medicines, medicines management and related services. Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, regional, rural and remote areas. They provide timely, convenient, and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health professionals. The Guild welcomes the opportunity to provide feedback on the public consultation on Ahpra's draft data strategy.