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 These submissions will not be published on the website or elsewhere.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

Organisation: Australian Medical Council

Contact email: ████████████████████████

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?
The AMC considers a Data Strategy provides the foundation for a significant strengthening of Ahpra's regulatory capabilities. The statements of intent are appropriate, and the domains and objectives largely cover the relevant points. We suggest you change the last dot point as follows "help us regulate ~~more~~ efficiently and effectively."
2. Do you think that anything should be added to or removed from the draft Data strategy?
It may be worth considering whether Data Sovereignty for Indigenous peoples fits within the high level statements within the Strategy. In the AMC's experience these issues may not be well covered by traditional Data Ethics principles, policies and processes.

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
The (public) Register is considered by users to be an authoritative list of practitioners which is worthy of the users' trust. The information that it holds should be validated, high quality, and fall within the bounds of the mission of the National Boards and Ahpra. The AMC therefore considers that, in addition to the points made on page 9 about balancing competing interests, thought should be given to Ahpra's brand and what it represents to the user. The addition of information with a less clear provenance could shift brand perceptions in subtle ways. Perhaps it is possible to present the information in such a way that its status and authorship can be clearly distinguished? The public may have an expectation that information in the Register has been vetted and belong to a different category than information from other contributors. The AMC notes that "additional qualifications" is one proposed area for expanded data. Recent work, such as the Independent review of the regulation of medical practitioners who perform cosmetic surgery, shows that the meaning of qualifications can be confusing. If this information is to be expanded, more information about what the qualifications signify would be very important.
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
Questions such as these require the weighing the rights of the practitioner and patient, and should be informed by analysis of practitioner recidivism and of which regulatory actions are effective in reducing it.

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: Click or tap here to enter text.

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

The AMC considers information should be added to the Register by the register's custodian i.e. the National Board and Ahpra. As stated in the answer to Question 3 above, it would be desirable for information from other classes of contributor to be distinct from the more formal information contained in the Register.

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

Click or tap here to enter text.

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?

The AMC believes the inclusion of 'Shared data value' domain is a welcome, outward-looking pillar of Ahpra's draft Data Strategy. The AMC is pleased to see accreditation authorities added to the list of organisations Ahpra shares data with. This sits well with the shared work and objectives of the accreditation authorities, national boards and Ahpra under the National Registration and Accreditation Scheme. From the AMC's point of view, enhanced collaboration with Ahpra through data sharing is an important step towards developing complete longitudinal perspective of medical practitioners. This perspective can lead to benefits in the areas as diverse as assessment innovation, workforce modelling, pathway design and regulatory effectiveness. The AMC acknowledges Ahpra's openness to discussions about data sharing and is is interested in working with Ahpra to determine appropriate future levels of data sharing, as well as the data security, data quality and data governance mechanisms necessary to support this.

Focus area 3: Advanced analytics

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

The Data Strategy Statement of Intent states that "Regulatory decisions are made by humans supported by data". In a similar vein, the AMC considers that AI should take a subsidiary role to

human judgment in regulatory processes. Even areas such as AI-supported research need to ensure that patterns uncovered by machine learning do not inadvertently give rise to systematic bias.

That said, the benefits of applying AI to areas such as risk management, CRM, and process improvement should outweigh the risks. The foundations for this capability will be naturally enhanced through Ahpra's Data Strategy. Thought should be given to the role of external AI coding solutions such as Codex and Polycoder to accelerate development of AI capabilities within Ahpra.

Other

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

The data strategy objectives (page 7) include a mix of objectives across the four domains – these include objectives that seem designed to assist internal management of Ahpra's data, objectives that relate to presentation of data to support public use of the data and objectives that relate to how Ahpra will work with others. There would be value in considering having an internal and external focus for for some of each objective. For example the purpose of a number of the objectives under the first domain, Regulatory efficiency and effectiveness, could have an external purpose but seem very focussed on Ahpra's internal use of the data. The first objective highlights this: "Data about a practitioner is easily accessible and integrated **to better inform our regulatory decision making and intelligence"**

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.

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.