



# ASAR

Australian Sonographer  
Accreditation Registry

Australian Sonographer Accreditation Registry Ltd  
ACN 084 400 546 | ABN 94 084 400 546

PO Box 331, Goodwood SA 5034 Australia  
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[REDACTED]  
Executive Officer  
Medical Radiation Practice  
Strategy and Policy Directorate  
AHPRA and National Boards  
Level 11, 80 Grenfell Street  
Adelaide SA 5000

Dear [REDACTED]

## **Comments in response to AHPRA's consultation regarding its draft data strategy**

Thank you for inviting the Australian Sonographer Accreditation Registry Ltd (ASAR) to respond to AHPRA's public consultation regarding its draft Data strategy. We apologise for the slight delay in its submission and hope it will still be able to be considered.

### About us

ASAR's purpose is to promote high standards of medical sonography in Australia. We achieve this through:

- Setting uniform, minimum standards of sonographer training and education in Australia
- Assessing and accrediting programs of sonographer training and education
- Accrediting medical sonographers via the ASAR registry
- Maintaining a minimum standard of continuing professional development for sonographers
- Advancing recognition of sonography as a profession
- Advising education, government and statutory bodies and professional and scientific societies on any aspect of accreditation of medical sonography, and
- Commissioning, supporting and facilitating relevant research.

ASAR is governed by a volunteer Board elected and appointed from its membership.

## **Responding to the Draft Data strategy**

### *Does the draft Data strategy cover the right issues?*

Australia has recently seen high-profile evidence of the potential for harm when automated data application either limits or removes the capacity for human intervention and judgement. This can be particularly damaging when it impacts individuals who are in a vulnerable position.

Data management processes should not be compromised by considerations such as resource constraints. As in all matters with the capacity to significantly impact on individuals' lives and wellbeing, our focus must always be on the quality of processes and their associated outcome above all else.

ASAR would like to better understand the proposed timeframes that AHPRA intends might apply to the consideration of complaints, specifically the length of time from initial complaint to resolution. Whilst we should always want to protect the public, there must also be a focus on timely resolution of matters for those listed on the register who may be subject of a complaint.



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

The information currently held on the register strikes an appropriate balance between the public and registrant interest. Adding more information to the register, much of which may already be found on practice websites, may adversely affect this balance. AHPRA is not a commercial organisation and should not become commercialised.

Making more information on the regulator's website may also have the unintended effect of confusing a public trying to navigate a large and diverse profession. Being a patient without medical knowledge can be overwhelming at a time of great vulnerability. The push for more, and more accessible, information must be tempered by the need to ensure the public is properly supported to understand and make effective use of it. Providing simple, accurate data to patients should be the priority of the register.

#### Focus area 1: The public register

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

No. The information held by AHPRA already strikes an appropriate balance between informing the public and protecting the privacy of registrants, which could be jeopardised through disclosure of additional identifying information.

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

Any response to this question depends on the nature of the disciplinary history.

In cases where disciplinary history relates to criminal behaviour, particularly fraud and crimes against the person, such information should be published. Beyond these matters, blanket rules are more difficult to apply. Decisions regarding the publication of registrants' disciplinary history must consider matters such as the nature and source of complaints made; the potential for publication to unfairly affect a practitioner's health and wellbeing; the findings of the tribunal and the time that has elapsed since disciplinary action was taken.

Naturally, if there are individuals who should not be on the register then it is up to the regulator to ensure this as part of its responsibility to protect public safety.

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

As noted above, this a matter of some complexity. Of the response options available, we would suggest that disciplinary history should not be published on the public register and only current conditions or limits on practice should be published on the public register.

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

The registrant.

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

ASAR would support investment in better practitioner engagement, through which AHPRA might educate students about their responsibilities once on the register. This could involve engaging with educators to ensure students more fully understand their professional responsibilities and the impacts of having disciplinary action taken against them.



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AHPRA should ensure prompt resolution of disciplinary actions; whilst it is the responsibility of the regulator to protect the public, the mental health and wellbeing of registrants must also be protected.

The ASAR Board also suggests that patient advocates would be a useful addition to the healthcare system. AHPRA may be the right organisation to facilitate this, as part of its remit to protect patients.

Steps should be taken to protect the register from commercialisation.

## Focus area 2: Data sharing

The ASAR Board would seek more information regarding what and how data might be shared. In light of the significant workforce challenges currently operating across the entire health profession, data sharing that benefits all and any aspects of workforce planning may be beneficial.

## Focus area 3: Advanced analytics

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

Recent and prominent national examples have shown the potential for disastrous outcomes where human judgement, human ethics and the capacity for human intervention are removed from the management and use of data.

Additionally, the almost daily announcements of another significant cyber-security breach that exposes the data of hundreds if not thousands of individuals demonstrate that security must be a first order priority for organisations that hold any data. Before proposing the use of advanced analytics and machine learning technologies, the ASAR Board would first ask how AHPRA intends to develop confidence for registrants that their information will be safe on the register.

## Other

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

The ASAR Board would be keen to understand what issues are driving AHPRA's development of this Data strategy and how it has been informed by AHPRA's purpose and strategic objectives.

Any Data strategy should be developed cautiously and ensure practitioners are well protected in any changes implemented. It should consider collecting and analysing data on the impacts for practitioners who are falsely accused to understand how system design can help ensure such instances are avoided in future. Additionally, AHPRA needs to better understand how a small handful of practitioners to whom the public should not be exposed are able to continue evading action over many years, and what better protections can be built into the system to minimise such occurrences.

We would recommend that AHPRA conduct public meetings in each capital city regarding the Data strategy, to ensure the public is able to hear issues and ideas debated by practitioners via public forum.



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ASAR consents to our submission being listed on the AHPRA website.

Should you have any queries or seek anything further from us, please contact the ASAR office at [REDACTED] or telephone 1800 151 522.

Thank you for your consideration of our feedback.

Yours sincerely



**Kathryn Lamb**  
Chairperson, Australian Sonographer Accreditation Registry