

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 These submissions will not be published on the website or elsewhere.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](mailto: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.

Dental Hygienists Association 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?

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q10.  
**Your contact details**

Name:

Bill Suen

Q11. Email address:

[REDACTED]

Q12.  
**Draft Data strategy**

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

[REDACTED]

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

There is no information about what sort of data would be shared - eg deidentified statistics, and for what purpose, and whether the party whose data is shared would be advised

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 current Ahpra information is adequate

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?

Yes, the nature of the notification in terms of clinical/advertising/fraud etc - not highly detailed but the nature of disciplinary history can vary greatly

Q19.

Please share your reasons

*This question was not displayed to the respondent.*

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 For as long as their disciplinary action is in place

Q22.

## Focus area 1: The public register

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

No-one other than AHPRA - otherwise has the potential to become a review system

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?

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?

Peak bodies often disseminate information to their members eg during COVID - however they only reach members - could specific practitioner group data be shared with the relevant peak bodies for distribution of relevant information

Q25.

## Focus area 3: Advanced analytics

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

Q26.

## Other

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

Health professionals should be informed of any proposed changes and the rationale behind them