

Response to consultation paper: Draft Data Strategy

Ahpra & National Boards

14 February 2023

Executive Summary

The Victorian Health Issues Centre (HIC) welcomes the opportunity to provide a submission to the Australian Health Practitioner Regulation Agency's (Ahpra) draft *Data strategy*.

HIC acknowledges Ahpra's commitment to better supporting health practitioners and health organisations to deliver health care through improved collection and use of data. We note the draft *Data strategy* is being developed in the context of COVID-19 and the growing reliance on digital health platforms and services as a means of addressing ongoing equity and access issues for health consumers. Of paramount importance is the safety and welfare of health consumers and the broader public, and the extent that greater access to data improves the capacity of practitioners to deliver high quality, safe, consumer-centred health care. We also acknowledge that the protection of health consumers must be balanced with the standards and accountabilities that apply to the release and use of sensitive and confidential information.

We will continue to advocate for the needs of those who are vulnerable or may be exposed to discrimination or bias (conscious or otherwise) in their interactions with the health system. This requires active engagement of members of the community as co-designers of the safeguards that will be required to protect individual rights and address implications for individual privacy, health and wellbeing.

About HIC

HIC is a registered charity recognised by the Victorian Government as the state's peak consumer health advocacy body. Operating for almost 40 years, we:

- Listen to the voices and experiences of everyday people to help shape policy decisions and service delivery in the health system.
- Are a recognised leader in consumer and community engagement training.
- Advocate on behalf of health consumers and provide a conduit for discussion between government, health service providers and consumers, particularly those who are often marginalised from decision making.

Consultation paper questions:

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

HIC proposes that the Draft Data strategy's 'Statement of intent' includes a greater emphasis on the benefits of increased access to data as a way of improving consumer-centred decision-making, for example, by facilitating greater participation by health consumers and the community in policy,

research and services. We would support this position being incorporated into the 'Domains and Objectives', such as 'Shared data value'.

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

The context of the draft strategy is not clear. HIC proposes that the draft Data strategy would benefit from the inclusion of explanatory statement that points to the rationale for the strategy, including the type of data that is collected, how it informs Ahpra's regulatory functions, and how the strategy applies to Ahpra's obligations to protect individual privacy and rights for both health consumers and health practitioners. The inclusion of key definitions and case studies would create more meaningful communication about the intention of the draft strategy and what it means for health consumers and practitioners in practice.

The data strategy should reflect the need for data to be available in accessible formats that provide for flexibility of a user's experience relevant to a consumer, carer, practitioner and member of the public. Access and engagement with digital information mistakenly presumes a level of digital literacy, as well as health and general literacy, for members of the broader community including health consumers. In reality, people who are the most marginalised, such as rural location and/or socioeconomic disadvantage, also experience the highest rates of digital disadvantage including lack of access to data and digital health options.

HIC's June 2022 report, '*Closing the Digital Divide for Regional and Rural Victorians – Innovation Forum*¹' highlighted the experiences of regional communities being at high risk of digital health exclusion that can perpetuate health inequities. The report was informed by extensive community engagement in regional and rural Victoria with consumers, health and community service workers, and representatives from state government and the technology industry. The type of digital exclusion issues reported by regional and rural health consumers have direct implications for the overall effectiveness of the draft Data strategy, including connectivity, affordability, data limits, and digital literacy.

Prioritising rural consumer and community engagement processes, such as those facilitated through HIC, is needed for Ahpra and health practitioners to build greater capacity to contribute to the equitable provision of data to those living rurally and enable greater access health services.

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

Yes. HIC supports the inclusion of proposed additional information in paragraph 29 to further protect the safety of health consumers and their families and facilitate informed choices about appropriate medical care. HIC also propose that the register specifies whether practitioners have undertaken regular criminal history checks (e.g. five-yearly Nationally Coordinated Criminal History Check, NCCHC) and state-based employment screening requirements related to working with children and vulnerable people.

Given the increasing reliance on an international health workforce, Ahpra's expanded public register should also ensure mechanisms are in place to collate criminal history, qualification and disciplinary data from equivalent international bodies based on where a practitioner has previously been registered and/or undertaken their medical training.

¹ [Closing the Digital Divide for Regional Victorians - Health Issues Centre \(hic.org.au\)](https://www.hic.org.au)

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

Yes. HIC would support the suggestion that disciplinary history that relates directly to substantiated patient safety complaints be included in the public register permanently. HIC notes that this approach is consistent with commensurate state-based teacher registration and disciplinary schemes in Victoria, administered by the Victorian Institute of Teaching (VIT). The VIT Register of Disciplinary Action includes permanent records of registration category information (e.g. provisional registration) and action taken (e.g. suspension, disqualification, outcomes of criminal conduct) for the duration of a teacher's registration period and post-registration.

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?

To protect the integrity of the public register and the private interests and reputations of health practitioners, HIC supports the role of regulatory bodies with existing legislative and/or other statutory or administrative mandates to be permitted to add information to the register.

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

HIC supports the public availability of de-identified register data that relates to the structure, profile and capacity of the health workforce. We suggest this is a valuable and necessary input to health organisations and governments to effectively inform service planning and recruitment strategies.

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?

HIC supports the principle that data is appropriately shared to inform decision-making across government and other health agencies, noting that clear and transparent data governance arrangements are required to maintain Ahpra's accountability requirements. We note the value of future directions outlined in Focus Area 2 related to real time verification/monitoring technology as a mechanism that will indirectly improve consumer safety and quality. We also support the future use of data sharing across other government and health agencies to identify emerging workforce gaps to ensure that health consumers can access appropriately trained/qualified health practitioners.

Focus area 3: Advanced analytics

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

HIC acknowledges the current public inquiry into government automation (machine learning) technologies relevant to the Department of Social Services ('Robo debt' Royal Commission). Ahpra's proposed use of similar technologies to automate and/or predict compliance and other processes would need to be considered in the context of clear ethical application that does not discriminate and/or disadvantage health consumers' access to health care. The use of automated systems will require greater accountability and governance structures in place that recognise the unique personal circumstances of every health consumer, together with Ahpra's commitment to build the organisational capability of its staff.

HIC supports the future directions outlined in Focus Area 3 to explore new ways to combine the register data with other information sources to benefit policy and regulatory decision making. We note the Centre for Victorian Data Linkage, administered through the Victorian Department of Health, offers a valuable model that Ahpra could explore to build a system of linked data assets.

Other

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

To assist the Victorian Government's introduction of 'duty of candour' legislation² in November 2022 related to legal obligations for health services to openly disclose a serious adverse safety event to a patient, HIC co-designed explanatory resources for health consumers to ensure that the scope and intent of the legislation was fully understood for patients and the broader community.

HIC would welcome Ahpra's commitment to creating future opportunities for health consumer input into the design and delivery of data reforms that directly impact the quality of health care, such as the implementation of automated technologies and the nature of changes to information contained in the public register.

Contact details

Name: Alison Coughlan, Chief Executive Officer
Organisation: Health Issues Centre, Victoria
Contact email: info@hic.org.au

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

² Health Legislation Amendment (Quality and Safety) Act 2022 (Vic)