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### **RACMA Response: Ahpra draft Data Strategy**

To whom it may concern

Re: Australian Health Practitioner Regulation Agency (Ahpra) draft Data Strategy.

The Royal Australasian College of Medical Administrators (RACMA) welcomes the opportunity to comment on the draft Data Strategy.

RACMA trains medical practitioners to become specialist medical leaders and managers. It is recognised for the quality of its education through accreditation by the Australian Medical Council and recognition by the Medical Board of Australia and the Medical Council of New Zealand as providing the only education program to qualify as a Specialist Medical Administrator.

RACMA Members undertake leadership and management roles across a diverse range of agencies and positions in private and public hospitals, government, defence, the pharmaceutical, medical device and information technology industries, health insurance, professional, non-government, research and consultancy organisations and universities.

The RACMA comments consider the following issues that informed development of the draft Strategy:

- The core objective is to identify additional ways that the data held by Ahpra could provide greater benefit to the public, practitioners, and its regulatory effectiveness, whilst assuring protection of the privacy of those whose data are held.
- The draft strategy takes into account global trends in regulation and government towards greater and transparency and the increasing focus on the public value that regulators can provide through using and sharing data; recent amendments to the National Law include provisions to improve information sharing between regulators, government agencies and other entities to better protect the public.
- Privacy and confidentiality obligations for personal information about individual practitioners and notifiers are taken very seriously, and rigorous security measures apply; changes to access to or sharing of information will carefully balance the interests of the public and individual practitioners.



- The intent of the strategy is to ensure that the data collected and held by Ahpra is used to achieve the objectives of the National Scheme, including:
  - To protect the physical, psychological, and cultural safety of the public
  - Enable service delivery and a sustainable health workforce
  - Facilitate public choice and access to health care provided by registered health practitioners,
  - Support the work of Ahpra with practitioners, notifiers and others who engage with the National Scheme.
  - Uphold the guiding principles of the National Scheme, specifically to ensure operating in a transparent, accountable, efficient, effective and fair way, and
  - Help Ahpra regulate more efficiently and effectively.

In addition it is noted that:

- The draft Strategy is a 'high-level' guiding framework to inform use of data internally and sharing of data externally with implementation to be determined subsequent to finalisation of the Strategy.
- The Statements of Intent are 'guiding principles' to inform decisions about the management, use and sharing of data.
- The four strategic objectives, 'Regulatory efficiency and effectiveness', 'Trust and confidence', 'Insight generation' and 'Shared data value' incorporate Ahpra's aspirations for data use and sharing to maximise its value to practitioners, the public and its regulatory effectiveness while ensuring the data is always appropriately governed and managed.
- The objectives reflect how data can enhance the National Scheme's contribution to public safety, workforce planning, and access to health services.

**Responses to the specific questions are presented below.**

The response corresponds with the questions provided by Ahpra. The "other comments" section particularly refers to issues encountered by RACMA Members in their interactions with Ahpra.

This is an organisational response from RACMA. All RACMA Members are medical practitioners some of whom identify as Aboriginal and Torres Strait Islanders.

**Draft Data strategy**

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

It is considered that the domains and objectives of the Strategy cover the right issues.

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

In the Trust and Confidence domain, it is considered that consumers for whom a streamlined experience will be provided to improve satisfaction must include employers as well as the public, patients, practitioners and staff.



## Focus area 1: The public register

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

The comments below take into account that the register is established under statute and the importance of publicly available information that is valid, verifiable and enduring. It is suggested that criteria are developed to inform whether and what types of additional information are included on the register. Issues to consider include:

- Whether the information is verifiable and enduring.
- The possibility of changes due to government policy, practitioner preference and such and the possibility of inadvertent incorrect information remaining on the register.
- The impost on Ahpra personnel to cross reference and verify information.
- How the information would be obtained.
- A risk / benefit analysis of inclusion / non-inclusion.
- The need for changes to legislation, regulations or other legal instruments.
- Whether the information is usually available on practice web sites.

Possible additional information suggested in the consultation paper (except those relating to regulatory actions) and associated comment is presented below:

- Additional qualifications, including post-graduate qualifications and qualifications and training such as administration of vaccines: inclusion of verifiable and enduring post-graduate and professional qualifications and training supported.
- Approval to provide specified MBS-funded services, authority to prescribe and provision of telehealth services: not supported; these are subject to change due to changes in government policy or practitioner preference and may require Ahpra personnel to cross reference information provided by the practitioner with other agencies.
- Cultural safety training: there are various providers and levels of Cultural Safety Training that relates to Aboriginal and Torres Strait Islanders; if to be included these would need to be considered and verification provided; Cultural Safety Training for other ethnic and diverse (eg. LGBTQIA+) groups also deserves consideration.
- Areas of special interest: inclusion of these needs evidence to demonstrate competency and currency; this may be an issue for Continuing Professional Development.
- Preferred or professional name: this could be supported in specific instances such as when a practitioner uses their maiden name professionally whilst their legal name is their married name.
- Membership of professional associations; supported with presentation of verifiable information.
- Relevant licences e.g. radiation: supported with presentation of verifiable information.
- Practice names and locations: location of practice is already on the register and could be expanded to include more than one location if not already occurring recognizing that this is subject to change; inclusion of the practice name is not supported as the practice may get sold to a new/different corporate group or the practitioner may choose to join or leave a corporate group.



- Further practitioner and / or consumer generated information about a registered health practitioner for example, consumer feedback; inclusion of consumer feedback is not supported as it would be difficult to verify, there may be conflicts of interest (e.g. a relative making a comment) and inherent bias; the register already includes information on other languages spoken in addition to English.
- Registration history: inclusion of registration history is supported; however careful consideration regarding the reasons given for gaps or changes in registration is required.

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

Information on the Ahpra Fact sheet "Publishing links to tribunal and court decisions on the national register of practitioners" indicates that current practice is for links to be included on a practitioner's record for all disciplinary and court decisions, unless:

- The decision has not been published by the relevant tribunal or court
- The decision is public, but the practitioner is not identified in it because of a tribunal or court order
- There is no adverse finding about the practitioner
- The practitioner is not on the national register, or
- Impairment is the only issue.

In addition:

- The link to a decision remains on the register, even if the sanction imposed by that decision is no longer on the register.
- The published link to the decision will not be removed unless a court or tribunal overturns a decision and decisions under appeal will not be removed or altered unless there is a change to the original decision.

Current undertakings which are voluntary and restrict a practitioner's practice of the profession are published on the register of practitioners. When it is decided they are no longer required, they are revoked and no longer published. Undertakings which relate to a practitioner's health are mentioned on the national register, but details are not provided.

It is considered that the end dates of suspensions, conditions or undertakings should be included in the register.

It is suggested that a risk assessment tool is developed to inform whether all regulatory action history is published on the register. Criteria to consider in the risk assessment tool may include:

- The reason and seriousness of the matter that resulted in regulatory action.
- Whether conditions or undertakings were imposed.
- The practitioner's compliance with conditions or undertakings.
- A robust assessment of whether the matter resulting in regulatory action is likely to / could recur.
- The risk/benefit to practitioners and patients if publication does/does not occur.



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

The possible responses provided by Ahpra are listed below:

- 0-1 year
- 1-4 years
- 5-10 years
- 10-20 years
- As long as the health practitioner is registered
- Disciplinary history should not be published on the public register; only current conditions or limits on practice should be published on the public register.

It is considered that this should be addressed in the risk assessment.

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

Only Ahpra personnel should be able to add additional information on the register.

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

No comment.

## **Focus area 2: Data sharing**

8. *Our National Law enables us to share data with some other organisations in certain situations. Do you have suggestions about Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?*

It is considered that more transparent sharing of data about individual practitioners with and between employers is needed. On occasions a practitioner with Ahpra conditions or undertakings may be under the supervision of a colleague with the employer unaware of this and hence unable to assure patient and practitioner safety. Also, if a practitioner has Ahpra conditions or undertakings, an employer should have the right to determine and/or agree with the practitioner who is appropriate to do the supervision and receive supervision reports that are being provided to Ahpra.

It is important that all services where a practitioner works can be informed when a mandatory notification (relating to impairment, performance or misconduct) has been made by one service as this information may have an impact on the clinical care that the practitioner can continue to undertake in the interests of patient safety.

Sharing of data about Ahpra notifications should be considered in the event that the same incident / complaint / concern about the same practitioner has been submitted to multiple parties such as Ahpra, jurisdictional health complaints agency and employers. There also may be multiple different complaints about the same practitioner. It behooves Ahpra, jurisdictional health complaints agency and employers to be informed to enable all parties to be aware of how these are being addressed to mitigate duplication and confusion for complainants/notifiers and such.

Greater transparency about the status of applications, from International Medical Graduates who have been appointed to and accepted positions is needed for workforce and service delivery planning. In particular, it is important for employers to be aware of any substantive issues that are delaying progression of the application.

### **Focus area 3: Advanced Analytics**

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

The considerations for good decision-making using machine learning in the 2021 New South Wales Ombudsman Report “The new machinery of government: using machine technology in administrative decision-making” are a useful guide and include:

- Proper authorisation
- Appropriate procedures
- Appropriate assessment
- Adequate documentation
- Good practice for designing and implementing machine technology
- Unintended consequences
- Risks and benefits
- Ongoing monitoring and evaluation

It is essential that implementation of machine learning technologies includes attention to how decisions will be reviewed by appropriately trained personnel to minimise the possibility of incorrect and/or unacceptable outcomes that may harm an individual and also Ahpra personnel and reputation.

### **Other**

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

The draft Data Strategy makes some reference to Data Governance, Integrity and Management. These are essential elements and it is important for them to be comprehensively addressed and documented in the final Strategy.

RACMA Members undertaking leadership and management roles in health services working have ongoing interaction with Ahpra. Concerns experienced by them in this interaction are:

- Delays in approval of provisional registration for new graduates with consequential delays in this cohort being issued with Provider and Prescriber Numbers which are important and needed for their work as Interns;
- Difficulty in obtaining information on the status of applications for registration by International Medical Graduates;
- Challenges that sometimes occur when engaging with Ahpra about management of clinicians who have been notified to Ahpra or who have conditions and,
- Coordination between health services, jurisdictional health complaints statutory agencies and health services in the management of complaints / notifications to Ahpra.

It is hoped that improved systems for data management and processes for interagency collaboration will assist in addressing these concerns.



Key issues in moving forward with the Data Strategy are working with the professions and Ahpra personnel to identify priorities to progress and careful consideration of how consumers, employers, practitioners, the professions and other agencies such as the Australian Medical Association are engaged, consulted and involved with their development, implementation and ongoing monitoring and evaluation. In addition there needs to be careful consideration of Ahpra capacity and capability to undertake the associated developmental and ongoing work.

If RACMA and/or its Members can be of assistance in progressing this important work, please do not hesitate to contact me.

Thank you once again for the opportunity to comment.

Yours sincerely



Mr. Cris Massis  
**Chief Executive**

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