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 These submissions will not be published on the website or elsewhere.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

*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.

The Australian College of Nursing

*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?

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

*Q10.*
**Your contact details**

Name:

████████████

*Q11.* Email address:

██████████████

*Q12.*

# Draft Data strategy

The draft Data strategy can be found on page 7 of the <u>consultation paper</u>.

Does the draft Data strategy cover the right issues?

The Australian College of Nursing (ACN) believes the draft Data Strategy addresses several key issues and thus provides a sound foundation for public safety and regulatory effectiveness through the appropriate collection and use of data. ACN particularly welcomes the focus on efficiency, workforce planning and sustainability, building trust and confidence among stakeholders and consumer safety and satisfaction. If leveraged and implemented effectively, the Data Strategy promises to bring transformative benefits the public, consumers and practitioners. ACN welcomes the explicit commitment to using data and evidence-based decision-making, as data alone should not be used to make regulatory decisions.

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

ACN notes while there is mention of using and sharing data to determine and understand risks, there is no mention of mechanisms to identify and manage gaps in the system. This is particularly pertinent when it comes to health workforce sustainability, in light of the COVID-19 pandemic. Without, for example, a national minimum dataset for nursing [see ACN 2020. A national minimum dataset for nursing workforce planning and decision making – A white paper by ACN. https://www.acn.edu.au/wp-content/uploads/white-paper-national-minimum-dataset.pdf] it will be difficult to ensure adequate staffing based on skill mix, especially where a surge workforce may be required. In addition, ACN has been involved in various efforts to support standardisation of nursing terminologies. Efforts to standardise data across the health system will drastically improve interoperability and information-sharing to enable better, more responsive decision-making at every level of the health system. A commitment to standardisation, with short- and long-term targets should be part of the Data Strategy.

*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?

> ACN supports including all additional qualifications listed on p9, with the caveat that some information would need to be approved by the practitioner, particularly where there may be safety concerns such as practice name and location and consumer feedback. In the case of the former, practitioners who are victim-survivors of domestic and family violence may need to keep this information hidden for their own and others' safety and wellbeing, while the latter may be misused for vexatious allegations or abuse based on race, sexual orientation, religion rather than the quality of care provision. ACN also recommends the option of including micro-credentials within the additional qualifications field.

*Q16.*
Please share your reasons

*This question was not displayed to the respondent.*

*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?

> ACN supports adding only a health practitioners' substantiated disciplinary history to the public register to support both transparency as well as protect practitioners from potentially vexatious allegations.

*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 | ACN suggests including a health practitioner's disciplinary history on the public register for 2 years, while suspensions or cancellations of registrations should be indefinitely available on request. In order for the disciplinary history to be removed, AHPRA must validate the practitioner has met any and all conditions of disciplinary actions. ACN agrees to (pg. 9, point 31) that continuing to publish disciplinary history beyond the 2 year period could have adverse consequences for practitioners beyond the intended protective effect of the regulatory action. ACN acknowledges this a complex issue, with many practitioners already lacking confidence in the current system, particularly as it relates to complaints. It is perceived to focus more on the prosecution of practitioners than the protection of patient safety through remediation of the issues that lead to the complaint. Undergoing an investigation for a complaint can be an extremely stressful and time-consuming process, that can have significant reputational and professional consequences, regardless of whether the practitioner in question is at fault. As highlighted in the recent Community Affairs References Committee Administration of registration and notifications by the Australian Health Practitioner Regulation Agency (AHPRA) and related entities report, there is a significant amount of stress associated with the current notifications process, as well as the challenges posed by vexatious notifications, with little redress available to practitioners. It also highlighted the devastating impact of these processes on the health and wellbeing of some practitioners. As such, privacy and confidentiality obligations should be respected. |

*Q22.*

# Focus area 1: The public register

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

> Authorised stakeholders with AHPRA and National Boards should be able to add additional information to the public registers, provided AHPRA and the National Boards have capacity and resources to verify the information to ensure the privacy and safety of practitioners.

*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?

> ACN would recommend consideration of the following elements to enhance the effectiveness and value of the public register: • In the areas of special interest, provision to add experience and or/ training in care provision for underserved or marginalised populations, such as First Nations health, culturally and linguistically diverse (CALD) populations or LGBTQIA+ communities, as well as trauma-informed care, particularly in the area of reproductive health. • Incentives for the practitioners to populate these new fields, so the public has access to the most up-to-date and relevant information, while supporting practitioners to highlight pertinent areas of their practice • Pertinent data on health facilities associated with health practitioners, such as disciplinary history or safety concerns. For instance, a health practitioner may not have been subject to disciplinary action, but another in their staff may have. If a member of the public is likely to encounter this practitioner in their care journey, they should be equipped to make an informed decision whether to seek care from this facility.

*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?

> ACN believes seamless and integrated data sharing is fundamental to the effectiveness of Australia's health care system. It allows health care providers to accurately assess and treat patients, track, and measure safety, quality and performance, and improve patient outcomes. Data sharing also helps reduce the cost of health care through more efficient use of resources. Wherever possible, ACN supports open interagency data sharing, provided there is a public benefit, whether to improve safety, allow greater interoperability, or for research and public health purposes.

*Q25.*

# Focus area 3: Advanced analytics

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

> ACN supports the use of predictive analytics, machine learning, artificial intelligence, and natural language processing where it enables more efficient, evidence-informed decisions. For instance, analysing data from patient records to identify potential risks, clinical trials to identify trends in patient outcomes, or from medical and administrative practices for areas of improvement are all areas that could benefit from advanced analytics. Predictive analytics can also be used to identify patterns in the data, while machine learning and artificial intelligence can be used to identify trends and predict future events. Addition of more sophisticated statistical techniques such as regression analysis, clustering and decision trees should be employed to better understand the data. Associated data visualisation tools can be used to help visualise the data in meaningful ways for different stakeholder

*Q26.*

# Other

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

As above, ACN recommends considering national minimum datasets for the health workforce to identify gaps and promote workforce sustainability, as well as standardisation of terminologies to promote interoperability and shareability. ACN reiterates the importance of ensuring any agencies that share data with AHPRA comply with AHPRA standards to ensure their data is accurate, secured and up to date. Appropriate storage and protection of all patient's data, secure systems for sharing and communication are essential. Organisations should comply with any relevant laws and regulations related to the collection, use and disclosure of data. Consideration should be taken on how the data will be used and shared with other health care providers to ensure patient care in consistent, safe and effective.