Medical Deans
AUSTRALIA AND NEW ZEALAND

Australian Health Practitioner Regulatory Agency (AHPRA) – consultation on draft Data Strategy

Submission: 31 January 2023

Contact: Helen Craig, CEO
[redacted]

AHPRA questions for consideration

Draft Data strategy

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

MDANZ supports the proposed statements of intent for the strategy, and the domains and objectives.

We welcome the increased focus on supporting greater accuracy of the data collected by AHPRA through improving the experience of respondents. Moving away from free text entry will save practitioners' time, greatly improve the accuracy and usability of the data, and sustain confidence in the data. We would be happy to provide feedback on our experience with cleaning and extracts from the medical register data, and provide suggestions on changes that could drive substantial improvements and efficiencies.

We also welcome the intent to support the expanded use of the data by other organisations for the purpose of delivering public benefit.

The inability for those involved in health workforce planning to access data from the National Health Workforce Survey, for example, has constrained researchers and policy makers from learning from this useful source of data and limited their ability to inform effective policy and workforce programs. It will be vital that appropriate policies and processes are developed to ensure this expanded access to data collected by AHPRA is effectively implemented and overseen. Information should be publicly available on these policies and processes, including how decisions will be made and by whom. AHPRA may benefit from considering the establishment of an independent panel, including consumers and health practitioner representatives, for this purpose. This change – which we strongly support – can only deliver the 'public good' intended if the individual data provider's privacy is assured and their trust retained.

Other health professions stakeholders are more appropriate to make comment on the matters of public disclosure, however we note that the concerns of medical students regarding implications of disclosing information already impede their willingness to provide data. This is often driven, or at least exacerbated, by the lack of openness about the purpose behind the data request. From a student perspective it is currently unclear who will have access to the data, and whether they may be impacted as individuals.

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

Following on from our comments above, development of principles to ensure the protection of individual practitioner's privacy should be progressed in close consultation with the profession and other stakeholders, including health professional students.

Focus area 1: The public register

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

Whilst we support the consideration of additional information, we note that this does seem to take AHPRA beyond the regulatory sphere. The purpose and public benefit of AHPRA taking a role in curating the much broader and more detailed set of data proposed would need to be clearer, and supported by the health professions for this change to be effective.

We support the recognition that the effective use of technologies and data entry design will be paramount in ensuring any increase to data entry by the practitioner does not impose too onerous a burden. In addition, a change to only requiring new or updated data to be entered should be made.

We in particular welcome the acknowledgment that the issue of practitioners working in multiple locations needs to be addressed.

In addition, data on practitioners on a specialist training program would be helpful.

We recommend AHPRA consult with the stakeholders in Aotearoa New Zealand to understand the work that has been undertaken there, which has engaged a broad range of stakeholders and which might provide valuable insights.

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

It will be important to find the right balance between ensuring public safety and supporting practitioners' rights and their own health.

This has particular impact in the early stages of the practitioner's career and training when trust in the 'system' is being established and when a practitioner is just commencing their professional journey.

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

If a practitioner is deemed to have fully completed all remediation, education, support, treatment and/or other activities required of them by the regulator, keeping the disciplinary history on the public register after this time would seem to counter and undermine the regulator's decision. It could also be argued that also goes against the principles of natural justice.

It should go without saying that if the regulator believes the practitioner still poses a risk to patient safety, then the remediation, education or treatment cannot be complete. If the regulator believes they are safe to practice, then what would be the purpose of retaining their disciplinary history on the public register? It is unclear what the regular is expecting the public to make of that information.

There are already well-documented concerns of the impact mandatory reporting has on practitioners' and students' willingness to seek help for a health issue or impairment. There is a very

real possibility that an unsupported or misunderstood (by health professions and the public) approach to publishing the disciplinary history for longer periods than are necessary to support patient safety would severely exacerbate this issue, and even further undermine the intent of mandatory reporting.

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

We will leave it to more appropriate bodies to make comment on this – aside from saying there would need effective and timely mechanisms in place to assure and moderate any data entered to ensure its accuracy, relevance, timeliness and appropriateness.

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

Nothing further to add.

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 how AHPRA could share data with and/or receive?

There is substantial interest and value in gaining a better understanding of the practitioner lifecycle, from student through registration to retirement, and the factors that influence practitioners' career choices and we fully support the move to making AHPRA's consolidated data available to researchers and bodies involved in health workforce development. The current constraints on the National Health Workforce Data Set (NHWDS) with it being it unavailable to health workforce researchers external to government is impeding Australia's ability to build and utilise a stronger evidence base in its policy and program decisions.

Medical Deans' has long expressed an interest in being able to utilise the NHWDS to strengthen the work we have been able to do to connect our Medical Schools Outcomes Database (MSOD) with registered practitioners, so that those involved in policies and programs designed to support graduates to progress into careers in underserviced areas and disciplines have access to population and cohort level insights. Our Data Dashboard has been able to demonstrate the value of this longitudinal connection by connecting to registration data extracts, however much more could be learnt if researchers were able to access our MSOD data linked to the NHWDS.

Access to this AHPRA data must be through a robust and transparent process that requires the necessary ethics and appropriate data governance policies to be in place to ensure the protection of individual practitioners' privacy and that this data is used for the public good. We would welcome being involved in the design and development of these processes.

We note the comment made in section 40 regarding the use of medical intern placement numbers to assist with the transition from study to employment. We wish to highlight the importance of students' and graduates' involvement in this process – in fact, that the transfer of any information must be student/graduate-led. In our 2021 paper – Creating a Culture of Support for medical students and graduates transitioning to practice – we emphasise the fundamental role that trust plays in this situation, and that any system and process need to be co-designed between the student, health service employer, and medical school. Whilst the information held by AHPRA could

indeed be useful, the process and permission for the data to be shared with their future employer (or training setting, in the case of students) must be led by the student/graduate.

Focus area 3: Advanced analytics

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

We will leave comment on this to those with more expertise in this area.

Other

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

Nothing further to add.