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 These submissions will not be published on the website or elsewhere.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 **<u>not</u>** 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 Society of Hospital Pharmacists 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?

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 consultation paper.

Does the draft Data strategy cover the right issues?

SHPA believes the draft Data strategy covers the majority of issues to be considered.

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

No

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?

SHPA strongly agrees with adding more information to Ahpra's public register. SHPA believes that information relevant to a practitioner's workplace setting should be available on the public register. However, the list of roles needs to be more comprehensive than it currently is to reflect that evolution in pharmacy practice and the range of places pharmacists now practice. This includes a distinction between public and private hospital settings, aged care, GP practice, community pharmacy, Aboriginal Health Services and others. The reformation of this list should be broadly consulted on to ensure it captures all relevant workplace settings. SHPA believes the information pertaining to a practitioner's qualifications, credentials and/or credentialing, should also be made available to the public to support informed healthcare choice and employee recruitment of suitable candidates. The register should display a pharmacist's completion of learning programs such as SHPA's Foundation Residency Program and Advanced Training Residencies (ATRs), which are national, formal, accredited and structured experiential learning program for pharmacists, consolidating initial education and training whilst progressing the early career practitioner towards advanced practice. SHPA currently offers seven speciality Practice Area Pathways in addition to the ATR Common Framework, with further pathways currently in development. The specialty Practice Area Pathways currently offered are, Oncology and Haematology, Geriatric Medicine, Medicines Information, Critical Care, Paediatrics, Mental Health, and Surgery and Perioperative Medicine. Pharmacists who complete the ATR program should be recognised on the register as leaders in their relevant fields. Credentialing or micro-credentialing in an area of practice or as Advanced Practice pharmacists should also be displayed on the public register to support recruitment of pharmacists who are assessed to be competent and have the requisite skills to practice in a particular discipline. Credentialing or micro-credentialing can be undertaken by organisations who provide accredited continuing professional develop programs and education to their members. Pharmacists who undertake pharmacist accreditation to provide government-funded medication reviews should be recognised as Accredited Pharmacists on Ahpra's public register. This information will support patient and prescriber choice to identify Accredited Pharmacists to refer patients to for medication reviews. In doing so it provides a level playing field for service provides, increasing competition and preventing a monopoly of healthcare delivery which is not ideal for the public. SHPA also believes that the public register should reflect certain training that allows pharmacists to undertake specific expanded scope activities such as, Partnered Pharmacist Medication Charting (PPMC), warfarin dosing, prescribing, immunising etc. This information is useful to both patients and employers when searching for a particular skill set.

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?

This question was not displayed to the respondent.

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 [   ]

Q22.
Focus area 1: The public register

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

> Whilst Ahpra may gather relevant information from the practitioners and/or relevant bodies providing certification and education, the process of verification and uploading to the public register should be solely Ahpra's responsibility. It is essential that appropriate processes are in place to validate information provided by practitioners prior to making it available on the public register.

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?

> A user friendly and advanced search function would be imperative to enhance the effectiveness and value of the public register for the public and/or practitioners. The ability to filter by qualifications, credentialling and micro credentialling, and by workplace setting e.g., community, aged care, private hospital and public hospital, is essential to ensuring this register can be used to inform patient choice.

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?

> Subject to participant consent, SHPA would support facilitating data to Ahpra regarding participant completion of certain programs and acquiring of credentialing/micro-credentialing through SHPA. Beyond the data available in the National Health Workforce Data Set, SHPA would be keen to have access to de-identified data to illustrate trends and changes within the pharmacy workforce to support workforce planning, such as number of pharmacists practicing in a variety of workplace settings, number of pharmacists with certain credentials or micro-credentials, and where they are distributed across Australia and other data parameters. This would help us ensure we are meeting the needs of the profession and the building a sustainable and well-equipped workforce to continue to support the healthcare needs of the Australian public.

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.

[ ]