

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 These submissions will not be published on the website or elsewhere.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

Susan Wakil School of Nursing and Midwifery

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?

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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?

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

We believe that information published on the public register should only pertain to the regulatory functions of the system. We do not agree with the publication of additional information (for example additional qualifications, cultural safety training or the authority to provide services, other than those services that are regulated and require licences) on the public register unless the information is required to demonstrate the meeting of registration standards. The primary function of the register should not be to inform the public's health care choices unless there is a reasonable risk to the safety of the public. For this reason, the publication of past disciplinary action is appropriate and in the public interest. We do not agree with the publication of the regulatory action history of practitioners. Those practitioners that do not meet the disciplinary standards of practice and have been referred to the regulator will have conditions placed on their registration published on the register. If practitioners meet the registration standards, they should be free to practice without further potential detrimental effects on their practice and reputation unless it is in the public interest to do so. The difficulty here is defining the threshold for public interest and balancing it against practitioner concerns. We have concerns regarding the publication of regulatory history of practitioners that have health issues that have impacted on their performance and practitioners that have made one off errors. Consideration should be given to noting/publishing those practitioners who do not engage with regulatory processes when managing notifications made against them. Additionally, it should be published when a practitioner gives up their registration before regulatory action is closed.

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?

We agree that it would be in the public interest for disciplinary history be published on the public register if it was an adverse finding and if the adverse disciplinary decisions/outcomes of the tribunal or court are publicly available. The detail should include a note that disciplinary action had been taken and of the outcome (ie suspension) and a link or reference made to the relevant decisions document.

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

This is difficult to determine and may be dependent on the nature of the case, the degree of public interest and likelihood of reoffending. Cases of sexual misconduct or of grievous nature should be considered permanently placed on the public register.

Q22.

Focus area 1: The public register

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

Only a statutory body whose purpose is the regulation of a profession should place additional information on the public register under tight rules.

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?

The student register is not publicly available as the national law requires the student register to be kept private. We recommend the Student Register to be made public.

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?

Currently access to health regulatory data is very difficult or impossible for independent researchers. Independent research can inform regulatory processes, policy and professional practice. Access to deidentified data should be made available to independent researchers and research institutes where the research examines regulatory functions, processes and outcomes to inform practice.

Q25.

Focus area 3: Advanced analytics

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

Advanced analytics could be used to refine and inform risk assessments of practitioners. Advanced analytics can also be used to evaluate the effectiveness of regulation and the regulatory action pathways used to protect the public. Caution should be taken to ensure the validity and reliability of all algorithms and models used in analytical and mechanised technologies.

Q26.

Other

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

See previous responses.