



Public consultation on a draft Data strategy

Submission template

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on our draft Data strategy. The Data strategy will guide how we use data that we collect and store.

We are inviting responses to specific questions about our future use of this data and general comments on the draft Data strategy.

In addition to the Data strategy on page 4 of the consultation paper, we are consulting on the future directions for three focus areas:

- the public register of health practitioners
- data sharing, and
- advanced analytics.

Publication of submissions

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 These submissions will not be published on the website or elsewhere.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

Do you want your responses to be published?

- Yes I want my responses to be published
- No I do not want my responses to be published

Your contact details

Name: Loretta Marron

Organisation: Friends of Science in Medicine

Contact email: [REDACTED]

How to give feedback

Please email your submission in a Word document (or equivalent) to AhpraConsultation@ahpra.gov.au by 31 January 2023.

Submission template

Please read the public [consultation paper](#) (including the draft Data strategy) before responding. The draft Data strategy can be found on page 7 of the consultation paper.

Draft Data strategy
<p>1. Does the draft Data strategy cover the right issues?</p>
<p>The draft Strategy is a welcome step forward in building best practice within the health sector, strengthening the accountability of AHPRA and the Boards, and reflecting the global recognition of the value of 'open government' (and open information) in fostering public health.</p> <p>The draft understates the importance of 1) timely provision of information by health professionals and other stakeholders 2) ongoing timely updating of information that has been published as part of the Strategy and 3) greater transparency on the part of AHPRA regarding the course and outcome of responses to complaints by recipients of health services and other entities.</p>
<p>2. Do you think that anything should be added to or removed from the draft Data strategy?</p>
<p>The Strategy needs to contextualise rather than merely provide 'raw data'. For example, it should provide independent researchers, tribunals, courts and recipients of health services with a statistical overview of complaints on a profession by profession basis (for example General Practitioner compared with Chinese Medicine practitioner and Chiropractic practitioner, with weighting by number of professionals under the different Boards). It should also offer an 'at a glance' summary of the outcome of complaints and the severity of complaints, for example the number that resulted in or were associated with criminal charges and convictions. Consistent with the draft's reference to automated analytics the Strategy should provide for timely publication of data breakdowns by jurisdiction (eg Qld v ACT) and region (eg metropolitan v remote Australia, metropolitan Sydney v metropolitan Brisbane)</p>
Focus area 1: The public register
<p>3. Do you agree with adding more information to the public register?</p> <ul style="list-style-type: none">• If yes, what additional information do you think should be included?• If no, please share your reasons
<p>FSM notes concerns regarding privacy and confidentiality but is of the view that there is value in including the following data fields in a public-facing database (ie accessible by and readily searchable by non-specialists) –</p> <ul style="list-style-type: none">• additional qualifications, including post-graduate qualifications and professional qualifications and training (e.g. administration of vaccinations).• approval to provide specified MBS-funded services• provision of telehealth services• authority to prescribe• cultural safety training• areas of special interest• end dates of suspensions, conditions or undertakings• registration history• regulatory action history• preferred or professional name• relevant licences e.g. radiation• membership of professional association <p>We note instances where public sector directories of health service providers (such as in the</p>

Australian Capital Territory) have on occasion pointed to professionals are facing charges of sexual assault or other serious offences, in other words provided a form of recommendation trusted by the community and not disclosed why potential/current patients would reasonably be cautious. We also note that some health practices have been the subject of disciplinary action against multiple practitioners.

FSM notes that some complaints against professionals are baseless. We advise against an [REDACTED] style register that features comments from people who might or might not be recipients of health services. However, we are of the view that it is legitimate and proportionate to publish suspension data, regulation history and other data – particularly if that is contextualised. The health professions correctly enjoy both considerable autonomy in relation to regulation and community trust. Transparency about the performance of individual practitioners, types of practitioners, the Boards, AHPRA and other regulatory entities such as courts is consistent with community expectations, strengthened public health and the status of the health professions. It is also consistent with public sector funding of many health services.

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

- If yes, how much detail should be included?
- If no, please share your reasons

Given the preceding comment we consider that the full disciplinary history of each practitioner should be publicly available and readily searchable, including dissections by location and profession. Obfuscation of disciplinary action is inappropriate. We consider that some services are more likely to attract complaints by recipients of health services than others. Health practitioners are required to be competent and diligent but not perfect. Contextualisation should permit non-specialist users of the data to rely on fact-based interpretations.

5. 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 a registered 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: [Click or tap here to enter text.](#)

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

We consider that AHPRA should strengthen its exchange of information with the judicial system in each jurisdiction to facilitate timely inclusion of data regarding prosecutions and convictions.

We further encourage greater exchange of data between AHPRA and the AIHW

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

We suggest that there are two mechanisms. 1) Provide abstracts of data regarding incidence and severity of harms, disciplinary action initiated and concluded, and contextualisation. Most health practitioners behave in an exemplary manner; that should be recognised. Some however show a pattern of misbehaviour that on occasion is perceived by the community as being addressed only

after there are avoidable deaths or there is detailed coverage in for example the Sydney Morning Herald and SBS. Transparency should provide the public with reassurance about the capability of the professions (and regulators who have been recently criticised in relation to for example cosmetic surgery) while highlighting concerns regarding individual practitioners, specific practices and professions where self-regulation has downplayed the importance of fact-based medicine in favour of for example diagnostics and clinical treatments that have a very weak empirical basis.

Focus area 2: Data sharing

8. 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?

We encourage greater sharing with entities such as the AIHW.

We strongly suggest that AHPRA consult with medico-legal institutions regarding access to information about the shape and effectiveness of its operation and more broadly about professional regulation

Focus area 3: Advanced analytics

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

FSM has two comments. The first is that analytics and 'artificial intelligence' are often addressed as an end in themselves, an outcome rather than a tool for informed policy development and decision-making by consumers. A second is that the results of the analytics should be publicly accessible, so that specialist and non-specialist observers alike can readily see benchmarks, make inferences about processing times, draw comparisons and so forth. Data collection should not be a black box exercise.

Other

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

AHPRA is perceived – substantively or otherwise – to lack an appropriate level of transparency regarding its capability and disciplinary processes. That unresponsiveness has on occasion been obfuscated by claims regarding privacy. Adoption of new analytics provides AHPRA with an opportunity to reconsider its processes and its commitment to sharing with the community.

Thank you

Thank you for participating in this consultation. Your feedback will support Ahpra and the National Boards to use data to improve public safety.

Please email your submission to AhpraConsultation@ahpra.gov.au by 31 January 2023.

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.