

## Public consultation on a draft Data strategy

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### 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 These submissions will not be published on the website or elsewhere.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: [REDACTED]

Organisation: The Australian Dental Association Queensland Branch (ADAQ)

Contact email: [REDACTED]

### How to give feedback

Please email your submission in a Word document (or equivalent) to [AhpraConsultation@Ahpra.gov.au](mailto: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

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

Greater consideration should be given to cybersecurity and protecting health practitioners' data from misuse. Enhancing automation and integration may result in increased risk of breaches and misuse.

It's not clear whether Ahpra plans to make the inclusion of some data (non-essential to registration) the responsibility or choice of the practitioners, or their employers. We note this could have the potential to increase administrative burden for the practitioners, without providing any benefits to patients. Could Ahpra also clarify whether it plans to make any part of the register voluntary information.

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

The Strategy should include how Ahpra will update, maintain and protect this highly valuable data asset.

Ahpra should commit or clarify the degree to which it can *ensure* – rather than just *manage* (ref. *Trust and Confidence domain*) – the validity and currency of *all or part* of the data it collects and presents to the public.

Outline how the benefits of implementing this strategy outweigh the costs to taxpayers and additional operational challenges.

### Focus area 1: The public register

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

- If yes, what additional information do you think should be included?
- If no, please share your reasons

ADAQ agrees with the inclusion of the following extra information:

- Preferred names and gender pronouns.
- Membership of professional associations and fellowships.
- Practice names/locations.
- Clarify scope of practice information.

ADAQ does not agree with the need to include:

- Additional qualifications to those needed for registration at the current level.
- Specific services provided, performance or clinical outcomes data (e.g., how many times a practitioner has performed a specific procedure successfully to date).
- Registration history, regulatory action history, licenses and awards.
- Practitioner and/or health consumer-generated information.

We have severe concerns regarding both the objectivity and relevance of this information to public safety especially with regards to consumer feedback and other information generated externally to Ahpra. Collection and storage of this additional information is highly resource intensive on Ahpra and is outside the scope of a regulatory body.

Additional information, in particular regarding specific services offered should not be considered the scope of Ahpra as a regulatory body and would increase its already large administrative burden unnecessarily.

There is also a difference between a practitioner's qualifications and the specific services they currently provide, which can change over the course of a practitioners career. e.g., someone may provide COVID-19 vaccinations for a short period of time such as during a pandemic, but not offer that service on an ongoing basis.

To keep such specific data up to date in the register would be a significant administrative burden with little benefit to the public safety and convenience if information is outdated.

However, note that there are other sources available for the public to access such specific information about a practitioner. Patients are also unlikely to seek this type of information from Ahpra, unless a considerable public campaign to promote the new register is launched.

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

ADAQ does **not** agree with keeping a health professional's *entire* past disciplinary history in the public register.

Highlighting past disciplinary history that has been successfully rectified or addressed, may undermine Ahpra's regulatory role and processes, which are meant to determine the safety to consumers at current point of time. The consumers' confidence in the processes and ability of Ahpra to perform its regulatory role may decrease: the fact that Ahpra believes that the public should be made aware of disciplinary action already rectified may lead the public and other practitioners to question whether any rectification is considered enough by Ahpra itself.

However, the ADAQ **agrees** with adding to what is already available in the register, only information related to disciplinary history deemed of a *significant or criminal nature*, including previous suspensions, supervision requirements, and criminal convictions. This would in our view address the need to improve a consumer's ability to make safe choices for themselves. Of course, the information included must respect any related legal disclosure requirements and the practitioner's rights to privacy.

This opens the question of how to decide the level of significance that should be permanently to the register. On this point, Ahpra should consult with each board and consumer organisations to establish an appropriate cutover.

There are direct risks to adding information about practitioner disciplinary history to the public register, both for practitioners and public. Risks to practitioners that we can identify include:

- Perception of discriminatory behaviour towards practitioners of particular groups, or with a past disciplinary history.
- Unnecessary burden on mental health, especially to those who have a disciplinary history, but also to new and current practitioners.
- Effects on future employability, even after Ahpra itself has ruled that safety to the public has been re-established.
- Reputational risk.
- Unfair advantage: the inclusion of some information may be perceived as an avenue for 'free marketing'.

The risk of providing detailed information to the public involves consumers accessing information that is difficult to interpret correctly without the context it was produced, and therefore would hinder their ability to make an informed choice of practitioner, rather than support it.

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, unless past conditions, suspensions or limits were of a significant or criminal nature.
- Other, please describe: Disciplinary history should not be published on the public register, unless expired conditions, suspensions or limits were of a significant or criminal nature.

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

Practitioners and Ahpra, through strict verification processes, should be responsible for adding additional information to the register where relevant. This should be done at regular and shorter intervals than has been to date, in order to capture changes in an increasingly dynamic and mobile workforce.

Consumer feedback is not believed to enhance the regulatory activities of AHPRA. Furthermore, this feedback may be perceived as advertising or testimonials, which are currently prohibited.

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

Better advertisement to new practitioners of the role of the register in their professional life. There is anecdotal evidence that many practitioners don't have an understanding of the register, what information is available, and who updates it.

Better use of plain English to assist consumers who will use the register to gather information.

Giving the public register a 'double interface' may be a solution to disclose different layers of information relevant to the searcher: one interface, available to the public, in plain English, and one available to other practitioners and health stakeholders, with more complex information.

The purpose of this would be to summarise and explain information which is useful to the public but is currently in a format that makes sense to health practitioners. E.g.: lengthy conditions could be shorter with perhaps a link to a detailed explanation.

An online chat, contact number or email should be offered, for the public to seek further explanation, with prompt response available from Ahpra. This may reduce the likelihood of a consumer developing undue bias, such as deciding against a practitioner because they read something on their record which they perceive as concerning but may not necessarily be, when explained to them further.

Better clarifying the differences between conditions, endorsements, notations and requirements. Disclaimers and pop-up information should make it absolutely clear status and relevance to patient safety.

## 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 would support the proposed increased two-way data sharing model including exchanging data with health sector employers and government agencies. We see potential benefits to facilitating better access to high quality data to inform decision regarding workforce planning, public safety and improving access to health services.

Bulk workforce planning data would need to be de-identified before being shared.

Ahpra could use a two-way data sharing model with universities in such a way as to streamline the registration of new graduates into registered health practitioners: this may assist with workforce flow management annually.

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We are aware there may be automated data sharing channels that would enable Ahpra and practitioners to update details in an effortless but accurate manner with the data appearing in multiple locations at once including the public register, whether updates are made by the practitioner, Ahpra or, for example, a university. However, we do not know enough about these data sharing technologies at this stage to be able to provide meaningful comment on the way they should be structured.

## Focus area 3: Advanced analytics

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

We support collection and analysis to create insights and facilitate risk assessment.

We do not support making advanced analytic data publicly available. We have concerns about misuse of data such as the potential for discrimination against particular groups, and profiling of individuals.

We are supportive of the use of advanced analytics to create more efficient processing of notifications.

## Other

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

Cybersecurity is of increasing concern and would need to be invested in proportion to the increase in data collected.

**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](mailto:AhpraConsultation@Ahpra.gov.au) by 31 January 2023.**