

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 These submissions will not be published on the website or elsewhere.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

Organisation: RACP

Contact email:

### 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?
Yes.
2. Do you think that anything should be added to or removed from the draft Data strategy?
Addition of the role of Ahpra in informing best practice data capture. Currently, the focus is purely on analysis and access to data but doesn't have any focus on how Ahpra, as the sole custodian of this data, sets standards on data type, architecture and platforms for data exchange. Under Trust and Confidence "Provide sector leadership on health practitioner data cycle management from capture to use". Needs inclusion of the role of increasing services and products in line with community needs. Under shared data value include "Develop new products and services in partnership with relevant stakeholders".
Focus area 1: The public register
3. Do you agree with adding more information to the public register?
<ul style="list-style-type: none"><li>If yes, what additional information do you think should be included?</li><li>If no, please share your reasons</li></ul>
Yes, practice names and locations should be added to the public register. This information would help in mapping practitioner maldistribution, and with workforce planning. However, for the privacy and safety of the practitioner, it may be beneficial for the practitioner to choose the level of granularity of location displayed e.g. suburb, postcode or SA2 level.  Information about whether the practitioner provides face-to-face, telehealth or both services should also be added.  Additional qualifications, Membership of professional associations, full employment history as a proxy for recency of practice and currency of skillset (not all this information needs to be visible on the website but should be accessible for planning purposes). If additional qualifications are visible, only those gained at the tertiary level or through registered training providers should be considered.  Other health practitioner types e.g. dieticians, speech pathologists should also be added to the register.
4. Do you agree with adding health practitioners' disciplinary history to the public register?
<ul style="list-style-type: none"><li>If yes, how much detail should be included?</li><li>If no, please share your reasons</li></ul>
Yes, but the principle should be one of supporting unprejudicial re-entry to practice once the disciplinary cycle is deemed complete. Active actions should continue to be visible as per current practice.
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: As above only current conditions or limits on practise should be published until the issue is considered closed.

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

Health practitioners, accrediting bodies with permission of health practitioners.

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

The search functionality should be improved so it is easier for the public to use e.g. Specialty should be a primary search term.

Developing functionality that would allow government departments and private entities to contact suitable candidates for roles in the public sector. Data match of practitioner capabilities with relevant public sector roles. This would be opt-in so practitioners can choose to receive notifications or not. The use case would be in the case of a COVID outbreak rapidly identifying and notifying clinicians with public health experience of emergent roles or community needs in their area or further afield. Very useful for disaster response and health system resilience.

The public register should be intuitive about which data is validated and verified by Ahpra, which data is self-declared by practitioners, and the currency of the data.

## 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?

Ahpra and the specialist medical colleges should share data in a two-way fashion. Being able to crossmatch practitioner data would assist in workforce planning and would benefit all parties.

It would also be beneficial to have a reciprocal data-sharing agreement that would allow for the Medical Board of Australia/Ahpra to share the data it holds on RACP, Faculty and Chapter Fellows with regards to Fellows that have conditions or notifications placed on their registration or have had their registration cancelled or suspended. It would be good if the data exchange were regular and preferably in real-time. Data sharing across different government departments would also help in tracking trends in medical the workforce and predicting future demand. Funded partnerships between Ahpra/other government departments and specialist medical colleges to conduct research would be welcomed.

In addition, from 2024 when medical specialist medical colleges will be required to report CPD compliance for all practitioners that meet their CPD requirements, it would be helpful for Ahpra to share a list of registered practitioners in RACP specialties to allow crosschecking in the early stages

of reporting to prevent errors, such as reporting Fellows that are no longer registered (retired) but haven't yet advised the college.

Sharing of information on OTP assessment decisions where they either differ from college advice or affect the OTPs' progress on the pathway would also be welcomed.

### Focus area 3: Advanced analytics

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

Ahpra should investigate if advanced analytics could be employed to predict demand for particular medical practitioners from different specialties as well as in specific locations. Partnering with education providers to identify and make recommendations for practitioner upskilling or transferrable skillsets.

### Other

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

If not already under consideration, Ahpra should consider Indigenous data sovereignty throughout the development, enactment and evaluation of the data strategy. In moving towards Indigenous data sovereignty, the RACP has valued the work of [Maiaam nayri Wingara Indigenous Data Sovereignty Collective](#).

The data strategy should also consider how it can make the most use of the survey data it collects and how this is shared with consumers and other stakeholders.

The RACP would like the opportunity to continue to be involved in developing the data strategy beyond the current consultation. There should be ongoing discussions about how the strategy will be implemented and evaluated.

### 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](mailto: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.