

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 These submissions will not be published on the website or elsewhere.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: Australian Society of Medical Imaging and Radiation Therapy

Contact email: ██████████

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
1. Does the draft Data strategy cover the right issues?
<p>Yes, ASMIRT believes that it covers the majority of issues, but not all. ASMIRT seek clarity on how the three focus areas relate to the strategy. Whilst short, sharp strategies are effective, there are domains and objects which do not clearly articulate the type of data that Ahpra collects, nor the main ways in which data is available to the community – i.e. the Public Register.</p>
2. Do you think that anything should be added to or removed from the draft Data strategy?
<p>ASMIRT believes that maintaining the privacy of people who report concerns about registered practitioners needs to be addressed. This includes, how Ahpra plans to protect the person who reports, and what the consequences are if they fail in this responsibility.</p> <p>ASMIRT have been advised of situations where the practitioner reporting concerns have become a target of threats (including death threats), as their personal details were provided by Ahpra to the person that was reported. Currently the privacy of a person reporting is not protected and compromises work environments.</p> <p>ASMIRT understands that the confidentiality of notifiers to Ahpra was subject to a review by the National Health Practitioner Ombudsman, available here: Safeguarding confidentiality review National Health Practitioner Ombudsman and Privacy Commissioner (nhpo.gov.au) The NHPO concluded that current arrangements were satisfactory (that providing the identity of the notifier provides the practitioner with a context in which to respond to the complaint). There are provisions for a notifier to make an anonymous notification or a confidential notification (where their name is given, but the notifier requests it be withheld from the practitioner). However, following an issue where a GP was convicted of attempted murder of a notifying pharmacist, the NHPO recommended Ahpra introduces a step in the processes to review the safety of a notifier before releasing their identity, and for Ahpra staff to be educated to provide the opportunity for an anonymous or confidential notification where a notifier feels their safety is compromised. ASMIRT seeks assurances that the notifier will be protected.</p> <p>ASMIRT suggests that a review of this strategy is undertaken consistently (eg. every three years) as opposed to this current review which has spanned a 10-year period. This will bring it in line with all other documents currently on a triennial review process.</p>
Focus area 1: The public register
3. Do you agree with adding more information to the public register?
<ul style="list-style-type: none">• If yes, what additional information do you think should be included?• If no, please share your reasons
<p>ASMIRT agrees that the addition of further information to the public register will give greater transparency to employer organisations and confidence to the public. However, it would depend on the information provided and the nature of the offence. The public register will need to reflect clearly that the practitioner has met all conditions to return to practice.</p> <p>ASMIRT agrees with all of the list under point 29 of the consultation paper, except the following:</p>

Membership of professional associations; Consumer feedback; In some cases, end dates of suspensions, conditions, or undertakings.

ASMIRT seeks clarity on whether there would be any legal ramifications of the use of a professional or preferred name and to provide due consideration for who provides the authority to prescribe.

In the situation where there has been an offence which potentially compromises patient safety, then all relevant detail should be included. Any offence which does not compromise patient safety should not be listed.

The register currently allows for relevant post-graduate qualifications to be published.

ASMIRT is unsure whether the Ahpra register is an appropriate place to contain the dot points in Para 29 which appears to better sit on a practice's website. Registration is an indication that a practitioner has undertaken the specified education, conforms to the relevant standards (PI, CPD etc) and is a fit and proper person to be a professional (ie meets criminal history checks).

The exception would be the end date of a suspension, condition or undertaking.

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

Health services should be provided within a learning context, however patient safety is paramount. Where a suspension, condition or undertaking is in place, this should be displayed on the register. If the practitioner has completed satisfactory learning, these suspensions, conditions or undertakings should be removed and not be displayed on the register. Where a practitioner has been found to have engaged in unprofessional practice and is suspended, they can no longer practice. No practitioner should be on the register (with or without conditions or undertakings) if the board or a tribunal has found them a threat to public safety.

In stating this, ASMIRT believes that it depends on the nature of the offence for which they were disciplined. If it is an offence which compromises patient safety (ie sexual assault/paedophilia, malpractice, or similar), then it should remain on the register permanently.

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:

If it is an offence which compromises patient safety (ie sexual assault/paedophilia, malpractice, or similar), then ASMIRT feels that the history should remain on the public register permanently. If the offence does not compromise patient safety (ie sexual assault/paedophilia, malpractice, or similar) then ASMIRT recommends a period of five years following satisfactory education, after which ASMIRT believes that the disciplinary history should be expunged.

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

ASMIRT feel that the regulators should be adding the information only after discussion with the relevant practice board. ASMIRT recognises that the information contained on the public register ensures only educated, fit and proper practitioners with recency of practice. It is not an avenue for practitioners to advertise their full scope or interests. The additional administration required (and therefore expense and registrant fees) where there is limited public value in adding these practitioner attributes, should also be considered.

ASMIRT feel that a collaborative approach between the professional body and the regulators is considered with regards to updating any additional information. Any information provided to the regulators by the professional body is scrutinised by the regulators and if approved, added to the register.

If consideration is given to the practitioner adding details, ASMIRT recommends that this is undertaken in consultation with the regulators.

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

Ahpra could consider a marketing campaign to raise awareness of the existence of this public register and encourage the public to utilise it.

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?

The register is a public document. ASMIRT fully supports data sharing processes that can enhance workforce planning. A recent QLD Health survey of staff suggested that workforce is the most important issue for staff. As the Australian population expands, and health services expand commensurately, health planners need to have access to accurate data around the current workforce and pipeline of workforce (i.e. students).

As a professional membership organisation, ASMIRT holds data about practitioners and overseas qualified practitioners. Data sharing can be utilised to:

Compare registered practitioners to ASMIRT membership.

Understand the numbers of students (MI / RT / NM) in an undergraduate MRS system nationally. As a consequence of this, this data will demonstrate how many students in their final year go on to seek their first 11-month registration and subsequently how many maintain their registration going into their first full 12 months of registration to practice. It will be interesting to ascertain whether there is a percentage "drop-out".

It also shows potential short term and long term, oversupply or undersupply of new graduate numbers into the marketplace (over the upcoming three-year period.)

Identify how many overseas registered practitioners (MI / RT / NM) are registered to practice on an annual basis for the purposes of data for the Department of Home Affairs. ASMIRT feels that this can include the numbers of individuals of all the disciplines who gain registration on an annual basis (or timeframe determined at the regulator's discretion.)

Data will demonstrate how many practitioners are leaving the profession/ temporarily leaving the workforce. How many registrants leave the workforce e.g. maternity leave (again a 12-month period

/ timeframe determined at the regulator's discretion.) What is their discipline? What are their age demographics?

The use of this data will assist with critical workforce planning.

Sharing information about relevant criminal history, AVOs, etc. has the potential to ensure our practitioners remain safe. Many organisations currently receive regular lists of their employees who are/not registered and if any conditions are imposed. ASMIRT believes that this process of list provision will occur via third party providers in the future.

Focus area 3: Advanced analytics

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

ASMIRT concurs that this should only ever be used for triaging, as suggested. However, there must be the ability for humans to override a decision made by AI, if this is deemed appropriate.

Additionally, using the data from Question 8, baseline data could be collected for a period of 24 months to enable extrapolation of data for future workforce planning, undergraduate numbers, overseas practitioners etc.

ASMIRT sees value in predictive data models in health care. Triangulation of Ahpra notifications, State/Territory based health complaint entities and hospital service complaints has the potential to identify hot spots of potential patient harm. Care must be taken not to initiate a report based on incorrect information. However, health service failings in patient safety continue to occur and data analytics has the potential, with sufficient ethical and human oversight, to assist in patient harm prevention.

Other

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

Given the nature of healthcare practice and the use of social media platforms, ASMIRT strongly recommend that appropriate cyber security measures are implemented, and that any information received containing details of people who report remain confidential.

ASMIRT believes that there needs to be an appropriate degree of discernment applied to how much information is made publicly available to ensure both practitioners and patients are adequately protected.

ASMIRT strongly recommends that Ahpra must make sure that the details of those reporting remain confidential. There is no need for the practitioner to know the identity of the person who reported them. The facts of the situation must be investigated objectively.

Whilst there are various items not disclosed on the Ahpra public registry, due consideration should be given to the potential for access of this data via the Freedom of Information Act 1982.

ASMIRT suggests that Ahpra consider strategies for scalable data storage and management. With a potentially increasing amount of data being collected, it is important that there is a clear strategy in place to appropriately manage this amount of data so it can be supported and sustained for many years to come. ASMIRT is aware that data storage and management is an increasing challenge for many organisations.

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.