



# Consultation report: Public consultation on a draft Data strategy

March 2023

## About us

The Australian Health Practitioner Regulation Agency (Ahpra) works with the [15 National Boards](#) to help protect the public by regulating Australia's registered health practitioners. We work in partnership to ensure the community has access to a safe, capable and respectful health workforce across all professions registered under the National Registration and Accreditation Scheme.

Public safety is our number one priority. Our work on the draft Data strategy is underpinned by the objectives and guiding principles of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). Protection of the public and public confidence in the safety of services provided by registered health practitioners are paramount.

Under the guiding principles of the National Law, we want to collect, use and disclose data to improve public safety, including cultural safety for Aboriginal and Torres Strait Islander Peoples. We always aim to operate in a transparent, accountable, efficient, effective and fair way. The Data strategy also informs our use of data internally, so our work is as efficient and effective as possible.

## Background

In November 2022, we launched a public consultation on our draft Data strategy and future directions for the data we hold across three focus areas:

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

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 and present.

## How we consulted

Public consultation opened on 10 November 2022 and closed on 31 January 2023. Ahpra invited our stakeholders, including registered health practitioners, members of the public, employers and other health system partners to give feedback on the draft Data strategy and the future uses of the data we collect and hold. Targeted emails, National Board newsletters and a social media campaign raised awareness of the consultation.

We held webinars for members of the public and registered health practitioners so they could hear more about the draft Data strategy and understand the diversity of perspectives on the concepts proposed in the consultation paper. Our webinars were attended by 164 individuals.

We accepted submissions via an online form and via email.

## Who we heard from

We received 109 submissions.

Source	Number of submissions
Accreditation authority	4
Community member	7
Consumer body	2
Education provider	2
Government	10
Health practitioner	28
Health system stakeholder	8
Insurer	6
Medical college	10
Other	10
Professional association	22
<b>Total</b>	<b>109</b>

## What we heard

**Our stakeholders want the data we hold to be used to protect the public and improve the safety and quality of healthcare.**

**Our stakeholders hold different opinions about what is fair, what is appropriate transparency, and how the data Ahpra holds should be used.**

**Our approach to the collection, use and sharing of the data we hold must embed data sovereignty for Aboriginal and Torres Strait Islander Peoples.**

**Our work under the Data strategy should be mindful of the health and wellbeing of registered health practitioners.**

**Our stakeholders want the data we hold to support better understanding of the health workforce and workforce planning.**

### Public register

Our stakeholders hold different opinions about what information should be included in the public register but many of you support a risk-based approach to publishing registered health practitioners' disciplinary history. In particular, many submissions supported the publication of serious historical offences, including sexual misconduct.

#### What's important to our stakeholders

- Increasing public awareness of the public register.
- Accessibility of the information we publish.
- Functionality of the public register.
- The health and safety of health practitioners and their rights to privacy.
- Data quality and data security, particularly if increasing the data collected and held.

#### What our stakeholders want us to consider about publishing a practitioner's disciplinary history

- Taking a risk-based approach, depending on the seriousness, frequency and impact of the practitioner's conduct or performance.
- That histories of sexual misconduct should be published.
- Potential impacts on a practitioner's health and wellbeing.
- That mistakes provide an opportunity to reflect, learn and change practice.
- How to support confidence in the regulatory system and National Boards' decisions about fitness to practise.
- How the information will be interpreted and understood by the public.

## Data sharing

Our stakeholders are supportive of us sharing data in the public interest beyond the current data sharing arrangements we engage in under the National Law.

### What's important to our stakeholders

- Obtaining consent from the individuals whose data we hold before sharing.
- Using and sharing data for workforce planning.
- Using and sharing data to contribute to research in the public interest.
- Robust data governance policies and processes.
- Data security, particularly for personal and health information.
- Transparency and accessibility of the data we share.
- Ensuring data sharing delivers public value and is subject to full cost recovery, wherever appropriate.
- Sharing data with government and regulatory agencies to protect the public and streamline practitioners' interactions with us.

## Advanced analytics

Our stakeholders are supportive of us using advanced analytics within a robust legal and ethical framework to improve the efficiency and effectiveness of health practitioner regulation. You want us to be mindful of the risks associated with using advanced analytics, including algorithmic bias.

### What's important to our stakeholders

- Engaging experts, practitioners, academics and the community in the development of the ethical framework and guiding policies for this work.
- Robust data governance policies and processes, including regular reviews of our approach.
- Ensuring humans are involved in complex regulatory decision-making.
- Using new technologies to better understand health workforce trends and support workforce planning.
- Transparency.

## What we are doing next

### Publishing our Data strategy and implementation planning

As the feedback on our draft Data strategy was broadly supportive, we will be taking steps to finalise and publish our new Data strategy 2023–2028.

The Data strategy covers a number of different projects and initiatives. While we won't be able to action all of these at the same time, we plan to publish an initial implementation plan. It will outline how we are responding to your feedback and include more detail about our strategic data projects for 2023–24.

### Protecting patients from sexual misconduct in healthcare

As part of our [blueprint to improve public safety in health regulation](#), we are keen to publish more information on the public register about practitioners with a history of professional misconduct in sexual boundaries cases. We heard from our stakeholders that disciplinary history relating to serious offences, like sexual misconduct, should be published on the public register. In support of this work, [health ministers](#) have committed to taking urgent action to ensure there is greater transparency for patients around a practitioner's regulatory history.

### Improving our data collection systems and capabilities

We're undertaking a multi-year program of work, called the 'Transformation program', that will make it easier for our teams to do their work and for people to interact with us. It will deliver a new data collection and management system to help us be more effective, efficient, and humane regulators. Cyber security is really important to our work and is designed into the system's architecture.

Portals for staff, practitioners, applicants, notifiers, and others will let people see the information they need, including their own personal information and data, in one place and when they need it. This means individuals will have more control over their own data, including ensuring the information collected about them is accurate and up to date. This will enable an experience that is empathetic and contextualised, personalised and inclusive, and that captures quality data efficiently and effectively.

### Exploring the use of analytical tools to identify unlawful advertising in the cosmetic surgery sector

We are currently conducting proactive auditing of cosmetic surgery advertising as part of our response to the [Independent review of the regulation of medical practitioners who perform cosmetic surgery](#). This can be a time-consuming manual task, so we are working with vendors to help with the collection of social media data and streamlining our assessment of that data. We are also engaging with vendors to help with the search for and automatic flagging of potentially problematic content. Our regulatory officers will continue to make final assessments.

### Exploring data sharing across government

Under the Office of the National Data Commissioner, the *Data Availability and Transparency Act 2022* establishes a new, best practice DATA Scheme for sharing Australian Government data. Under the DATA Scheme, Ahpra is not currently considered a 'Data Custodian' as we are not a Commonwealth, state or territory government body. However, we understand the benefit of the DATA Scheme and are exploring participating as an 'Accredited User'.

In the interim, we are partnering with Services Australia and the Australian Digital Health Agency to explore opportunities for data sharing between our agencies to deliver greater value for the public and health practitioners.

### Supporting workforce planning

We share data, and collaborate with, a number of government and non-government agencies, including universities, on health workforce planning. For example, each year when practitioners renew their registration, we collect information on job area, setting, type of employment, training, and workforce intentions via a workforce survey. We collect this information on behalf of the Commonwealth Department of Health who create the National Health Workforce Data Set. This data set is provided to workforce planners in each of the state and territory health departments.

Given the broad support from our stakeholders, we'll be exploring how else our data can be used to support workforce planning.

