

Q1.

Consultation on a draft Data strategy

Thank you for taking time to respond to the consultation.

Introduction

The Australian Health Practitioner Regulation Agency (Ahpra) is inviting feedback on a draft [Data strategy](#). The Data strategy will guide how we use the data that we collect and hold.

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

In addition to the Data strategy, we are consulting on the future directions for three key focus areas:

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

Please read the [public consultation paper](#) (including the draft Data strategy) before responding.

Q1.

Publication of responses

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 These submissions will not be published on the website or elsewhere.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

Please select the box below if you do not want your responses to be published.

Please do **not** publish my responses

Q3.

Questions

If you have any questions, please contact Ahpra's Strategy and Policy Directorate by emailing AhpraConsultation@ahpra.gov.au.

Q39.

Acknowledgement of Country

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.

Q4.

Please click on the arrow below to start your submission.

Q5.

About your responses

Are you responding on behalf of an organisation?

- Yes
- No

Q6.

Please provide the name of the organisation.

The Australasian College of Dermatologists

Q7.

Which of the following best describes your organisation?

- Health services provider
- Professional indemnity insurer
- Legal services provider
- Professional body (e.g. College or Association)
- Education provider
- Regulator
- Government
- Ombudsman
- Other - please describe below

Q8.

Which of the following best describes you?

This question was not displayed to the respondent.

Q9.
Which of the following health profession/s are you registered in, in Australia?
You may select more than one answer.

This question was not displayed to the respondent.

Q10.
Your contact details

Name:

Q11. Email address:

Q12.
Draft Data strategy

The draft Data strategy can be found on page 7 of the [consultation paper](#).

Does the draft Data strategy cover the right issues?

Yes, the Australasian College of Dermatologists (ACD) supports the draft Data strategy and its intent. It is critical that the public register is a current and trusted source of information about health practitioners that enables the public to make informed choices about their healthcare.

Q13.
Do you think that anything should be added or removed from the draft Data strategy?

ACD agrees with the four strategic objectives: (1) regulatory efficiency and effectiveness; (2) trust and confidence; (3) insight generation; and (4) shared data value. To improve the effectiveness of the Strategy, ACD recommends amending Strategic objective 2 to 'Transparency and trust'. Capturing being open, clear, and transparent when issues may arise with data management is important. Through this, data consumers will gain trust, improving the use of data now and into the future.

Q14.
Focus area 1: The public register

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

- Yes
 No

Q15.

Focus area 1: The public register

What additional information do you think should be included on the public register?

ACD agrees that there would be value in making some additional information available on the public register to provide a more useful tool for consumers to make informed decisions about their healthcare, as well as raising the profile of the public register and its usefulness in informing future workforce planning and policy regulation. Any additions should be subject to a risk-benefit analysis, and the feasibility of maintaining the currency of this information without undue burden on healthcare practitioners and the regulator. Consideration should also be given to whether this information is already collected elsewhere, and opportunities to remove duplication and streamline data collection. ACD would only support inclusion of verifiable data, such as 'additional qualifications' and 'areas of special interest' where there is evidence of qualification from an externally accredited training body against a nationally recognised standard, and where there is a requirement for ongoing Continuing Professional Development (CPD). For example, many doctors claim to have a special interest in skin cancer, but there are currently no agreed accreditation standards for GP skin cancer education and training, meaning the quality of education varies significantly, including the requirements of healthcare practitioners to demonstrate competency upon training completion. ACD does not support inclusion of consumer generated information, such as consumer feedback as this is rarely verifiable and may in some instances be vexatious.

Q16.

Please share your reasons

This question was not displayed to the respondent.

Q17.

Focus area 1: The public register

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

Yes

No

Q18.

Focus area 1: The public register

How much detail (about a health practitioner's disciplinary history) should be included on the public register?

This question was not displayed to the respondent.

Q19.

Please share your reasons

No, the ACD does not agree with publishing a health practitioners' disciplinary history in full or partially. The current arrangements are proportionate and appropriate. It is important that practitioners are supported to return to safe practice after disciplinary action has been completed.

Q20.

Focus area 1: The public register

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 registered as a 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

Q22.

Focus area 1: The public register

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

Adding additional information to the public register should be the responsibility of Ahpra and Medical Board to ensure consistency, currency and transparency of data. Health practitioners also often have limited time and it would be unfair to assume that practitioners are able to add information and ensure it is regularly reviewed and updated. There needs to be robust decision-making in determining the additional information to be included in the public register. Where the public benefit is considered to be significant, it should become mandatory to include on the public register to ensure it remains informative in terms of consumer choice. For example, we would not want a consumer choosing a healthcare practitioner over another because one has had the time to add or update the information while another one has not. Any additional information should also be supported by evidence prior to inclusion on the public register, such as qualifications certificates, authorities and licenses.

Q23.

Focus area 1: The public register

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

Yes, ACD is of the view that there is not widespread awareness by the public about the public register, and where there is awareness of the register, the paucity of information about individual specialities and subspecialities makes it extremely difficult for patients to identify most appropriate health practitioner for the type of treatment and care they need. A thorough co-design process of the register with both consumers and professional bodies should be undertaken to improve navigation and utility.

Q24.

Focus area 2: Data sharing

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?

ACD recommends: • Developing consistent guidance and streamlining processes that enable data to be safely and securely shared within Ahpra, across the portfolio, and externally e.g., by developing consistent arrangements that govern data access, sharing and receiving, and reviewing these periodically to ensure they remain relevant and appropriate; and collaborating with internal and external stakeholders to identify opportunities to share data safely and securely. • Increasing the transparency of data release processes e.g., agreed and known risk tolerance for different data sharing activities; actively communicating the approval process; and being transparent about the data shared and who it is shared with. • Work with other organisations to embed cultural sensitivity and Indigenous Data Sovereignty principles into the approach to data sharing e.g., work with Aboriginal and Torres Strait Islander and multicultural organisations and representatives from other focus populations to ensure approach to data sharing is culturally safe and appropriate, considers the needs, interests and fears of specific populations and enhances equity.

Q25.

Focus area 3: Advanced analytics

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

ACD recognises the importance of investing in robust advanced analytics and machine learning technologies and suggests that Ahpra determine and progressively implement measures that support and enhance data capability. Equally important will be ensuring that technology and systems implemented enable user-friendly and efficient capture, management, storage, usage and sharing of relevant, timely and high-quality data.

Q26.

Other

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

ACD appreciates the opportunity to provide input on Ahpra's draft Data strategy and would welcome the opportunity for further discussions on this and other areas of the Strategy, including the Implementation Plan. As part of the Implementation Plan, ACD encourages Ahpra to include implementation priorities that detail information on the concrete activities, such as timing of activities, high-level measures of success to help understand how implementation is progressing and whether outcomes are being achieved.