

Public consultation on a draft Data strategy

Submission template

RACGP RESPONSE BEGINS PAGE 2

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 These submissions will not be published on the website or elsewhere.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

Organisation: The Royal Australian College of General Practitioners

Contact email: michelle.gonsalvez@racgp.org.au

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 |
|--|
| <p>1. Does the draft Data strategy cover the right issues?</p> |
| <p>Feedback received by the RACGP on the draft Data strategy was mixed. While the Statements of intent are appropriate, the domains and objectives do not contain sufficient detail. Of note, we suggest that Data standards should be added to the 'Regulatory efficiency and effectiveness' objective.</p> <p>The consultation paper provided more detail which is commented on in the Focus areas of this submission. Below is a summary of feedback received:</p> <ul style="list-style-type: none">• details of the timeliness and up-to-date status of the data are not clear• details of unstructured data (eg documents) are not clear• details of the availability of historical data would be useful• the strategy does not cover how the data is stored and managed• data integration is not clearly defined, although the paper does mention that the register is linked to additional datasets• data governance is not well articulated, although some controls, policies and regulations are covered• the topic of data quality is not thoroughly addressed. Data standards are important to address this• in a more detailed data strategy, reference to a data dictionary would be useful – which documents/datasets are available and how they are related, including a categorisation of data (eg reference, master and transactional data, as well as historical data)• role players and stakeholders, especially responsibilities, of the data ecosystem are not well covered• it is unclear what is meant by 'cultural safety of the public'. <p>The following positive feedback was also received:</p> <ul style="list-style-type: none">• the paper provides a good definition and description of the public register• data sharing is well covered• advanced analytics are very well covered. |
| <p>2. Do you think that anything should be added to or removed from the draft Data strategy?</p> |
| <p>Although the strategy states that Ahpra's costs are covered by health practitioners, the funding of data exchange through cost recovery presents risk in terms of perceived conflict in maintaining the privacy of practitioners against commercial concerns. The key objectives of any strategy should involve careful cost-benefit analysis and accountability.</p> <p>The following should be added to a more detailed strategy:</p> <ul style="list-style-type: none">• data timeliness – depth of history, ensuring it is up to date• ingestion, storage, governance and sharing of unstructured data• data governance• data quality management• reference to data dictionary• role players, stakeholders, responsibilities – data ownership and custodianship• data standards – formats, indicators of quality, naming conventions etc.• data life cycles – especially the tail end of the data life cycle (disposal/archival). <p>While the strategy covers important issues that affect public safety, this needs to be carefully balanced with the health practitioner's right to privacy and safety. The risk of harm to practitioners</p> |

needs to be included. A well-functioning health practitioner is required for the public to have good healthcare and to ensure patient safety. If the safety of, and risks to, practitioners is not considered, there is a risk of impact on mental health, service provision and quality care.

There also needs to be some focus on the appropriate data governance measures, for example, the establishment of a data governance committee with stakeholder representation. This would add to the broad goals of insight generation, trust and confidence. Meaningful analysis also requires insight from health professionals to add meaning and provide context.

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

Care is required in expanding public register information to avoid duplication and inaccuracy. Increased information from any source increases the risk of introducing inaccuracy and therefore increased onus on the checking and maintenance of data. A number of elements Ahpra is considering including are already listed on the government-funded healthdirect service finder. There is no benefit from having two sources of this information and this risks inconsistencies. If doctors are only reporting their information once a year, there is potential for it to become out of date (a problem that also exists with healthdirect).

Provider Connect Australia is a new service being provided by the Australian Digital Health Agency with one point of data entry by organisations (eg practices and hospitals). If Ahpra is considering adding additional information, it should be extracted from here as this will be kept up to date by the organisations at which the practitioner works. It is envisaged to be a single high-quality data entry point that will be made available to other organisations. The question then arises as to the value of the information being included on the register if it is available elsewhere as the collection, verification and maintenance of data represents a significant administrative burden.

Publishing practice names and locations without consent could impact on health practitioner physical, psychological and cultural safety and right to privacy. RACGP members therefore suggest that if practice location details and other personal information is to be published, it should require opt-in consent.

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

There is a need to balance the competing rights of the practitioner with the public's interest in disclosure to enable informed decisions and public protection. It is important that the public register does not move away from its primary regulatory purpose of indicating current registration status.

The RACGP has previously raised [concerns](#) regarding the publication of information in relation to disciplinary proceedings on the public register. We do not support publishing tribunal outcomes where allegations against the practitioner have been disproved.

Additional concerns were raised around the publication of tribunal outcomes for complex cases, such as those which result in time-limited conditions or those where allegations were proven in part. The RACGP recommended the publication of tribunal outcomes for these complex cases be considered on a case-by-case basis as we agree that the publication of previous disciplinary history has the potential to impact beyond the intended consequences of any regulatory action. The RACGP also recommended that the publication of time-limited conditions be removed from the public register once the condition has expired.

The publication of any case should also be delayed whilst an appeal is pending. Members have advised of instances where disciplinary action was published before their successful appeal was lodged.

The RACGP supports allowing practitioners to request that information be removed from the public register where there is a risk to their safety or that of their family. Such applications should also be able to be made by a practitioner's friend or relative on their behalf and with their knowledge. Information which may be suppressed should include employment details.

It could be argued that there are some elements of disciplinary history likely to be relevant to patients seeking an opinion on whether a doctor has a previous disciplinary record (eg inappropriate relationships), while others are not likely to be relevant (eg alcohol use). The Medical Board should exercise discretion in determining whether something should be published and consider establishing some general thresholds on what elements of disciplinary history should be published. This could either be through the Board's own initiative or in response to a practitioner request.

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: [Click or tap here to enter text.](#)

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

Consideration should also be given to how any new information is validated, standardised and integrated into the larger dataset. The inclusion of consumer generated content such as feedback about a practitioner introduces the possibility of it becoming a ratings platform and reduces the integrity of the data. If this is to be introduced to assist the public in assessing risk, it should be the role of Ahpra to ensure that there is no ongoing risk through a fair and proper process, rather than a role for the public.

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

The public register should contain up-to-date workforce and registration data that is medical speciality specific. It would be useful for the RACGP (as an organisation interested in workforce issues) to be able to run reports from the Ahpra database (i.e. number of actively registered GPs, number of GPs who ceased registration in a given year, number of GPs with active conditions).

The datasets need to be integrated along common data entities, so that they are searchable and joinable. A data dictionary of available data would be very useful, containing data structures, data characteristics and data history indicators.

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 RACGP agrees Ahpra could play a role in notifying organisations about relevant matters. Linkages for the Medical Board and Ahpra to share and receive information with other agencies

may improve efficiencies and reduce duplication in investigation procedures. The RACGP uses Ahpra data to verify information provided by practitioners when they apply for our training programs. However, the RACGP strongly recommends consideration of privacy and confidentiality protections for practitioners and patients before any changes are made. Any data sharing needs to take place within an ethical, transparent framework with compliance to privacy legislation.

A number of the examples listed in section 40 of the consultation paper are already being pursued by other arms of government.

We also have concerns in relation to the potential commercialisation of the data held by Ahpra. The RACGP would recommend caution when proceeding in this field. Increasing demands for data can create a tension between cost recovery and the privacy and security of the data. If any data sharing were to proceed, health practitioners must be clearly and repeatedly informed about this through various means. Practitioners should also be able to see what data is shared with whom and for what purposes.

Focus area 3: Advanced analytics

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

The RACGP strongly recommends Ahpra exercise caution around the use of advanced analytics and machine learning technologies, as this is an area fraught with governance and ethical issues.

Machine learning is essentially a subset of artificial intelligence (AI) and creates the ability for AI to function. Machine learning can potentially improve accuracy and the way data is analysed, including better analysis of unstructured data. However, any results will be based on the way data is collected, the fullness of the data collected, the interoperability between systems that collect and analyse data, potential biases contained in the data, and privacy and security considerations.

The methodology behind any decisions made through a machine learning process should be transparent to the clinicians involved to ensure the acceptability of outcomes. Concerningly, to date, machine learning processes are opaque and only visible to the initiator of the algorithm.

Any benefits must be balanced with the risks and harms and appropriate infrastructure, standards and codes of practice must be in place.

The RACGP's [position statement](#) on artificial intelligence in primary care provides further information.

Other

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

Despite multiple large-scale data breaches in recent months, the strategy makes a limited attempt to consider the risk that holding large amounts of personal and sensitive information imposes on the organisation. Consideration should be given to where less data can be collected and held, how privacy and integrity can be assured, and how Ahpra would respond to the leaking of information either by itself or one of its partners.

The draft Data strategy also does not address the lack of data interoperability across healthcare systems in Australia. It is unclear how impactful this strategy and associated actions will be without broader measures to address interoperability and alignment of data systems in health.

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.