



Public Consultation: Ahpra Draft Data Strategy

Submission by

Australian Podiatry Association (APoDA)

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Australian Podiatry Association

The Australian Podiatry Association (APodA) is Australia's national peak body representing podiatrists.

The Association is steeped in a long history of integrity and community care and advocating for the profession.

The APodA is committed to advancing podiatry to improve foot health in the community and to improve national standards. The positive impact of podiatric care changes the lives of one in five Australians who suffer from foot pain.

Through the profession's support, the APodA can direct advocacy efforts to emphasise removing or minimising barriers to providing a better quality of life for all Australians.

Executive summary

The APodA welcomes the opportunity to respond to the Ahpra on its public consultation on the draft Data strategy. The APodA supports Ahpra in its move to streamline processes and push for improvement with a focus on safety amongst the professions it regulates.

We look forward to participating in future consultations towards improving public and practitioner safety.



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Response to Consultation

Draft Data strategy

Does the draft Data strategy cover the right issues?

Upon reviewing Ahpra's draft Data strategy, the areas of focus are primarily;

1. the enhancement of the public register for regulated health practitioners,
2. improved data sharing capabilities
3. innovative advanced analytics.

The APodA agree the aforementioned areas are essential in supporting and developing Ahpra's National Registration and Accreditation Scheme¹ as well as establishing trust and confidence in the regulator.

Using the Australian Governments National Australian Data Strategy as a guiding principle to ascertain Ahpra's Data strategy's approach to "*the right issues*", we are able to formulate the proposed strategy mirrors local and international behaviours and approaches to data².

In evaluating the acceptability and appropriateness of the issues raised within this consultation, due to the challenging nature of the topic and the broad approach, an assessment of the draft strategic approach cannot be evaluated effectively.

To nurture a practical, sustainable approach to evaluating issues raised in this draft data strategy, the APodA recommends a cross-disciplinary, collaborative process with structured rounds of feedback.

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

The APodA offers the following recommendations to the Draft Data strategy:

1. **Regulatory efficiency and effectiveness**

In addressing the objective, "*Data about our functions/activities is accessible and integrated to enable efficiency, workload management and prioritisation*", it would be recommended the use of plain language be a priority. Through the adoption of plain language as a medium, this and future strategies can be effectively translatable across the different stake holders³.

¹ *Regulatory principles for the national scheme*. Australian Health Practitioner Regulation Agency. (2021, October 5). Retrieved January 17, 2023, from <https://www.ahpra.gov.au/About-Ahpra/What-We-Do/Regulatory-principles.aspx>

² Ministers' Media Centre. (2021, December 13). *Morrison Government releases First Australian Data Strategy*. Ministers' Media Centre. Retrieved January 17, 2023, from <https://ministers.dese.gov.au/robert/morrison-government-releases-first-australian-data-strategy>

³ W., S. S. M. (2007). *Plain language: A strategic response to the Health Literacy Challenge*. Journal of public health policy. Retrieved January 17, 2023, from <https://pubmed.ncbi.nlm.nih.gov/17363939/>

2. Trust and confidence

Streamlining experience for data consumers – there is a need to approach this through a multidisciplinary and collaborative lens.

Focusing on user experience the need for trust and confidence in formulating a positive user experience. All of which cannot be achieved in isolation. The APodA would guide Ahpra to collaborate with Allied Health Professions Australia (AHPA) in achieving a truly robust and mutually beneficial outcome.

The APodA further guides AHPRA to reconsider using the word "consumer", as it may lead to confusion and foster a sense of exclusion.

Recommendation: to amend the phrase from *"to improve consumer satisfaction "* to *"to improve public satisfaction"* or *"to improve stakeholder satisfaction"*.

Within the scope of the Department of Health and Aged Care 2022-2025 Data Strategy, the focus on transparency is vital in strengthening trust, confidence and support⁴.

In light of this priority, the APodA recommends the following amendment:

- amendment from *"to ensure appropriate decisions are made and improve organisation reputation"* to *"to ensure appropriate decisions are made through the use of transparent and robust assessment framework to uphold public (or stakeholder) confidence and trust"*.

3. Shared data value

Upon review of the Australian National Digital Health Strategy⁵ and Ahpra's draft Data strategy, it would be guided to include the following objectives:

- *high-quality data with commonly understood meaning that can be used with confidence.* The key here should be building resilience in data which can be used with confidence.
- Enhanced data capabilities. There is a need to draw a focus on building data capabilities across the different stake holders as well as enabling a high enough level of data literacy so valuable data such as what Ahpra is proposing will enrich not just healthcare, but the Australian Economy as a whole.

⁴ *Department of health and Aged Care Data Strategy 2022 - 2025.* Department of health and Aged Care. (2022). Retrieved January 17, 2023, from <https://www.health.gov.au/sites/default/files/documents/2022/08/department-of-health-and-aged-care-data-strategy-2022-25.docx>

⁵ *Safe, seamless and secure - Australian Digital Health Agency.* Australian Digital Health Agency. (2022). Retrieved January 17, 2023, from <https://www.digitalhealth.gov.au/about-us/strategies-and-plans/national-digital-health-strategy-and-framework-for-action>

The key to designing a resilient data strategy is to focus on effective stakeholder partner and collaboration, end-to-end transparency and building confidence in the system and regulator.

Focus area 1: The public register

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

Information can be key in delivering improved public health quality and safety⁶. Depending on the medium data is presented, it also has the capability to undermine stakeholder confidence.

In exploring larger potential data caches and the utilities of that same data as a tool to improve community quality, safety and informed care, there is also a corresponding need to establish a cross-departmental approach to minimising duplicated efforts and maximising a harmonised approach.

An example of a harmonized approach would be the number of times an allied health practitioner is required to provide police check to their place of business once every three years. In this same scenario, if the public register acted as a source of truth, demonstrating the practitioner held a valid check, this would result in improved administrative efficiency.

Section 29 of the "*Proposed future direction for the public register*" offers insight into additional data sets that may be of "*value to practitioners, the public, employers and others*".

The following is a list of areas that would gain value from additional focus:

1. Inclusion of cultural Safety training/additional qualifications

- Due to the number of educational providers, it remains imperative that confidence in the proposed professional capabilities and scope be adequately substantiated. It is guided that for any inclusion of Formal accredited or provision of a professional development
- Cultural safety training is a professional requirement; as such, a cross-disciplinary approach strengthened through the formalisation of an Ahpra lead educational project can lead to a safer healthcare industry.

⁶ World Health Organization. (1970, January 1). *Improving Healthcare Quality in Europe: Characteristics, effectiveness and implementation of different strategies*. World Health Organization. Retrieved January 17, 2023, from <https://apps.who.int/iris/handle/10665/327356>

2. Areas of special interest

- Special interests can lead to misdirection, confusion and ultimately a detriment to public safety.
- Without a rigorous framework to assess the competencies of “areas of special interest” this may be used as an advertising tool to gain advantage over other businesses, which should not be a position or capability of an impartial regulator.

3. Further practitioner and consumer generated information/feedback

- The role of the regulator is to remain impartial.
- Through the addition of consumer-generated feedback and information, the role of Ahpra will develop into

4. History of suspensions, conditions or undertakings

Due to the challenging social and economic complexities surrounding the inclusion of a practitioners History of suspensions, conditions or undertakings, the risks to the practitioner and the community cannot be adequately understood at this stage.

Recommendation:

- Ahpra to issue a supplementary consultation to the profession and public once a narrower, more focused plan of action has been formulated.

Additional Comments:

The key here is to have a national approach to the translation of data across multiple bodies - effectively reducing double handling and excessive paperwork.

In light of this, the APodA suggest the following inclusions:

- Types of registration: NDIS, Worksafe, DVA, Medicare, aged care
- Status of Police check
- Status of first aid certificate (also if they hold a Paediatric first aid certificate)
- Recognised National peak body membership

- Nationally recognised tertiary qualifications
- Sustainability & Environmental certification⁷
- LGBTQIA+ - Rainbow tick standards⁸
- Nationally recognised Cultural Responsiveness Training⁹

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

Ahpra within its capacity to establish and foster a safe environment, in specific scenarios, may be required to instigate disciplinary action on an Ahpra-regulated practitioner.

Within this exact scenario, once AHPRA has presented an evaluation demonstrating no further disciplinary action (or undertakings) are required, enabling the practitioner to return to unrestricted practice, it is of our understanding Ahpra has adequately evaluated the clinician's level of risk to the public safety.

Circling back, as well as highlighting the primary function of Ahpra, which is public safety, publicly documenting resolved discretions on a health practitioner, currently deemed by the regulator to hold a sufficient level of quality and safety, would seem to be a hamstrung approach to assessing risk after the fact.

Recommendation:

- Review the assessment process for establishing safe practice
- Establish a risk matrix that evaluates the possible level of risk returning to practice may present
- Depending on that risk matrix, it may be appropriate to notify the public, or not (i.e. pose a high-risk vs low risk)

How long should a health practitioner's disciplinary history be published on the public register?

No response

⁷ Sustainability & Environmental Certification Program. GECA. (2022, December 23). Retrieved January 17, 2023, from <https://geca.eco/>

⁸ Rainbow tick standards: QIP accreditation. QIP. (2022, June 2). Retrieved January 17, 2023, from <https://www.qip.com.au/standards/rainbow-tick-standards/>

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

Information that can be added to the public register must be added only if claims can be officially substantiated through transparent and rigorous means.

The Board's National Scheme primarily focuses on safety, safety for the public and for those it regulates. Without a structured, transparent framework that enables the accreditation or authenticity of the added information, it lends itself to diminished confidence and a perversion of the primary responsibility and function of the regulatory body.

Recommendations:

- Any and all information requires the board to verify against a transparent framework
- Information must come from a trusted source
- Enable an opt-out function on specific criteria

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

Ensuring that a representative body for consumers or health practitioners is included in future decision-making and specific communications may help both the layer of engagement and value to the public.

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?

Establish a national framework of sharing experts with representation from key stakeholder groups to ensure that any of these decisions have multifaceted input for public safety and provider integrity.

Focus area 3: Advanced analytics

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

When considering the concepts of machine learning and advanced analytics, as outlined above some form of genuine ethical and safety committee which is able to think through the current, medium- and long-term benefits and concerns.

Other

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

The connection with the public and practitioners in a genuine sense will be a pivotal key to these future improvements and reform.



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