



## **Information Sharing and Privacy Submission**

**Attention: Practitioner Regulation Subcommittee**  
**nraip@dhs.vic.gov.au**

### **HCCA Comments on National Registration and Accreditation Scheme for the Health Professions Consultation Paper:**

#### **Proposed arrangements for information sharing and privacy**

Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

The Health Care Consumers' Association welcomes the opportunity to make a submission on the Consultation Paper on Proposed arrangements for information sharing and privacy to the Practitioner Regulation Subcommittee. Thank you for the detailed consideration of issues in the paper – this has made the task of commenting on this important and complex project somewhat easier.

We appreciate the need to keep the information issues focussed both on the consumers' rights for information together with the privacy issues relating to both complainants and practitioners.

There are a number of general issues that the HCCA wishes to comment on. The general comments are followed by specific comment on those issues and proposals raised in the Consultation Paper.

#### **Overview**

The general thrust of the Consultation Paper is strongly supported. The benefits from current and compatible data on the health workforce across the jurisdictions will flow not only to consumers but also to practitioners and health agencies. Developing consistent and compatible information across the health professions and across a range of jurisdictions will require patience and a strong sense of purpose. The principles provide a good starting point. The difficulty in marrying

some of the information requirements and privacy safeguards will require a strong information framework to guide the process. The Paper also goes a long way to providing that sense of direction. The developing move to e-health makes the implementation of the proposed scheme urgent.

It is not clear however, how the credentialling role of the Medical Colleges will be linked to the registration and related information processes of the boards – although those form critical aspects of the medical specialist recognition procedure. The Victorian Ombudsman's Report *Report of an investigation into issues at Bayside Health* of October 2008 at [www.ombudsman.vic.gov.au](http://www.ombudsman.vic.gov.au) provides an important indication of the complex web that the information flows must address.

### **Specific comments**

#### Registration information

Proposal 3.1.2 The information proposed here appears less comprehensive than that proposed in 4.1.1 eg sex of the practitioner is not in 3.1.

Proposal 3.2.1 Option 1 – the requirement that the practitioner provide details of organisations/employers to which they are accredited at time of registration and renewal is supported on the basis of removing the possibilities of delay in authorities being able to take action to protect the health of the public and consumers.

#### Unique identifier

Proposals 3.3.1 and 3.3.2 Both proposals are strongly supported.

#### Identity checking

Proposal 3.4.1 This is seen as essential with Option 1 that all boards to require identity checking, as strongly preferred.

#### Document checking and renewal information

There is a need for thorough and complete consideration and validation of practitioners' background and CV's no matter how eminent or impressive the practitioner appears to be. This is amply demonstrated in the Victorian Ombudsman Report *Report of an investigation into issues at Bayside Health* October 2008. The *Credentialling and Clinical Privileges* section of the Ombudsman's report outlines the difficulties and dangers in the current process.

The Ombudsman's report also demonstrates the need for the currently approved clinical scope of practitioners to be accessible to the public.

#### Information to be collected for workforce planning purposes

Proposals 3.8.1 and 3.8.2 are supported.

Proposal 3.8.3 It would seem appropriate that the boards/agencies should have access to the information collected purely for workforce planning but only of de-identified data.

#### De-registered practitioners

Proposal 4.2.1 adopting Option 4 is supported – it is important that consumers have this information available. The listing of all practitioners currently de-registered by existing boards for conduct reasons should incorporation into the new register is supported.

#### Recording of conditions on practice

Proposal 4.3.1 It is important that the scope of practice is recorded – reflecting the confusion and poor understanding discussed in the Bayside Health report referred to above. In that case the restrictions arose as part of the initial registration and subsequent processed – information on limitations of scope of practice need to be coordinated with renewal processes and other credentialling processes. It is unclear if this is the same as 4.1.1 (k) endorsed specialities - but it does need to be recorded.

With that proviso, the proposal is supported.

#### Release of public register information

The issue here for consumers is the access to public register information – it is unclear from the paper about the difference between access to public register information and its release. Consumers should not have to pay to access the information on a public register.

#### Public access to findings of formal proceedings

The recent Victorian Ombudsman's report (mentioned above) is a good example of the complexity of the law in this area – while making recommendations the report has in effect made findings on the professional conduct of a health practitioner. There was a clear public interest, as outlined in the report, in release of this information.

In his report the Victorian Ombudsman states (on page 158) that:

“In view of my conclusions regarding Professor Kossmann's activities, financial arrangements, expertise and billing practices, I recommend that:

20. This report is referred to the following bodies for consideration and appropriate action:

- Victoria Police
- Deputy Commissioner of Taxation
- Royal Australian College of Surgeons
- Medical Practitioners Board of Victoria.”

While the Ombudsman's report was prepared under the provisions of the Victorian Whistleblowers Protection Act 2001 it clearly extends to the

professional “expertise” of a health professional. It is unclear how the National Registration scheme and information flows relate to such statutory bodies.

State and Territory government health bodies

Proposal 7.7.1 While the proposal is supported the preferred wording would be “notification of identified practitioners who pose a health risk to the public”.

Notification to health departments

Proposal 7.8.1 The current wording does not reflect the concern expressed in Para 7.8 about the potential risk – suggest adding the phrase “...may have been or has the potential to be adversely affected by a practitioner, the board must notify the relevant State or Territory health department so that remedial or preventive action can be taken” With these changes the proposal is supported.

We thank you for the opportunity to comment and would welcome the opportunity to be involved in further consultations on development of the system during 2009.

Regards



**Darlene Cox**  
**Executive Director**