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Australasian Podiatry Council

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INFORMATION SHARING AND PRIVACY ARRANGEMENTS SUBMISSION

ATTENTION: PRACTITIONER REGULATION SUBCOMMITTEE

Following are responses from by the Australasian Podiatry Council to issues raised in the *CONSULTATION PAPER - Proposed arrangements for information sharing and privacy*.

Should you have any queries on this submission, I can be contacted on 03 94163111 and Kelli@apodc.com.au.

Yours sincerely

Kelli Cheales

CEO

Australasian Podiatry Council

17th December 2008



APodC submission on National Registration and Accreditation Scheme for Health Professionals Consultation Paper - 'Proposed arrangements for information sharing and privacy'.

Proposal 3.1.1: *It is proposed that all requests for information will indicate the purposes for which it is being collected.*

APodC Comment: Agreed. APodC recommends that the Board be given the opportunity to consider the purposes for additional data collection and to consult with the relevant professions on an as needs basis.

2.1 Functions of the agencies and boards

The APodC recommends that while it is in agreement for the conferring of functions, it must be reinforced that the Agency requires direction and authorization from the Board.

Proposal 3.1.2: *It is proposed that the national scheme legislation provide for the following key categories of information for the registration of individuals.*

a) Name and contact details	Full name and all previous names (including date of name change) will need to be provided. Applicants will also need to provide sufficient contact details to enable contact by phone, email, fax or mail. Registrants may opt to receive notification of renewals by email. In order to properly identify the individual, home address as well as nominated contact address will be collected. The contact address may be a workplace or another address. There will be requirements to keep contact details up to date.
b) Date of birth	In order to properly identify an applicant, date of birth will need to be collected
c) Qualifications	In order to be registered, applicants will need to provide a transcript of qualifications obtained which entitle them to registration, the year obtained and the institution that awarded the qualification. Verification of qualifications may be required from the institution issuing the award. In addition, proof of satisfactory completion of a requisite examination or period of supervised practice (including date of completion) will be required, where relevant.
d) Overseas registration details	If applicants have overseas qualifications and have previously been registered overseas, they will be expected to arrange for the relevant regulatory authority to issue a Certificate of Good Standing directly to the board or relevant assessment body. A decision will be required as to whether this is required from the initial and most recent country of registration, or from all countries in which the applicant was registered, or for a specific time period. Additional requirements may include a work statement, evidence of competence to practice and of English language proficiency.
e) Details of recency of practice and other requirements	Some boards may require evidence of recency of practice for initial registration for practitioners returning to work or commencing work in Australia. Boards will also have powers to require other

	information for registration, including evidence of continuing professional development and qualifications for endorsement of registration
f) Criminal record	Some State and Territory legislation empowers, but does not require, criminal history checking of applicants. Options for criminal history checking in the national scheme are discussed in the <i>Consultation Paper on Proposed Registration Arrangements</i> issued 19 September 2008. If a decision supporting criminal record checking as a condition of registration is reached, this information will need to be collected and recorded.
g) Professional indemnity insurance	Options for professional indemnity insurance arrangements under the national scheme are discussed in the <i>Consultation Paper on Proposed Registration Arrangements</i> issued on 19 September 2008. Again, if a decision supporting professional indemnity insurance as a condition of registration is reached, this information will need to be collected and recorded.
h) Registration details	Once registration is granted, then registration details will be recorded including registration identifier, date of first registration, renewal date, class of registration, division, conditions on registration, specialities and other endorsements

APodC Comment: the APodC supports the categories, recognising however that in section C transcripts should only be provided by new registrants and re-registrants from the 1st of July 2010.

Proposal 3.2.1: *It is proposed that the national scheme legislation provide the boards with the power to collect employer details and other similar details in order to enable notification by the relevant board to employers when a practitioner's registration status changes or conditions are placed on practice.*

There are two options to give effect to this arrangement:

Option 1: *Require name and address of employer, public health organisations, private hospitals, day procedure centers or nursing homes at which the practitioner is accredited to be recorded on registration and updated on renewal.*

Option 2: *Provide the boards with a power to require the practitioner to provide these details to the board, as necessary.*

APodC Comment: Agreed. The APodC supports option 2.

Proposal 3.3.1: *It is proposed that the legislation require that each registered health practitioner be allocated a unique identifier in the new registration system.*

APodC Comment: Agreed.

Proposal 3.3.2: *It is proposed that the national scheme legislation authorise NEHTA and Medicare Australia, to adopt, use and disclose the unique identifier allocated to practitioners in order to enable e-health developments and other information sharing in the public interest. It is further proposed that the legislation governing the operation of NEHTA and Medicare Australia provide appropriate protection for the information provided to these agencies by the national scheme.*

APodC Comment: APodC agrees in principal with this proposal, recognising however that the use and disclosure of the unique identifier outside of the requirements of NETHA and Medicare Australia must be considered by the individual boards and relevant professional organisations. Use and disclosure of information outside of NETHA and Medicare Australia should be on an 'opt in' basis.

Proposal 3.4.1: *It is proposed that the national scheme legislation provide a power for boards to require identity checking, through photo identification and a "100 point check" system. There are three options to give effect to this arrangement:*

Option 1: *All boards to require identity checking on initial registration post 1 July 2010, but not for existing registrants.*

Option 2: *Boards to decide whether identity checking along the lines of Option 1 will be required in their profession.*

Option 3: *Boards to decide whether identity checking along the lines of Option 1 will be required for only some applicants for registration.*

APodC Comment: Agreed. The APodC supports option 1.

Proposal 3.8.1: It is proposed that the national scheme legislation provide for the Ministerial Council to specify from time to time, certain data items that must be collected as part of registration and renewal of registration processes where these data items are needed for workforce planning purposes as long as there is a clear need for the data and it is not too burdensome. Note that provision will also be made for additional data to be collected on a voluntary basis.

APodC Comment: Agreed. The APodC however recommends that any additional data items requested be considered and approved by the Board and profession.

Proposal 3.8.2: *It is further proposed that the current voluntary paper-based labour force surveys conducted by current boards on behalf of jurisdictions be discontinued.*

APodC Comment: Agreed.

Proposal 3.8.3: *It is further proposed that information collected purely for workforce planning purposes will not be made available for board/agency purposes.*

APodC Comment: The APodC does not agree with proposal 3.8.3 that information collected for workforce planning purposes should not be made available for board/agency purposes. Activities of the boards and agencies are of public and professional benefit. Provision of quality assurance and improvement of industry standards is dependent on board/agency access to workforce planning information.

Proposal 3.8.4: *It is proposed that the national scheme legislation provide for the Ministerial Council to require that specified, de-identified information is provided to the Council and any of its committees for workforce planning analysis.*

APodC Comment: the APodC supports the proposal, assuming that it meets with existing privacy, information sharing and data linkage processes and protocols.

Proposal 3.8.5: *It is proposed that the national scheme legislation requires that de-identified information relevant to workforce planning is made publicly available in a timely manner and by suitable means.*

APodC Comment: APodC does not see the need for the Ministerial Council, agency or the various registration boards to have access to identified data for workforce planning purposes.

Proposal 4.1.1: *It is proposed that the national scheme legislation specify that the following categories of information in relation to each registrant are available on the public register:*

- (a) Current name
- (b) Sex
- (c) Postcode of contact address and name of postcode area
- (d) Registration identifier

- (e) Date of first registration
- (f) Renewal date
- (g) Class of registration (where relevant)
- (h) Division (where relevant)
- (i) Conditions on practice (where relevant)
- (j) Date of suspension and date suspension is to end (where relevant)
- (k) Endorsed specialties (where relevant), and
- (l) Other endorsements (where relevant).

APodC Comment: Agreed. The APodC however recommends that the registration identifier in the public domain should not be linked with a unique identifier outside the individual concerned and relevant agency.

Proposal 4.2.1: *It is proposed that the national scheme legislation provide that Option 4 be adopted and that the names of practitioners de-registered for conduct reasons appear on the public register with an indication that they have been de-registered for conduct reasons.*

There are four options for recording de-registered practitioners.

Option 1: De-registered practitioners could appear on the register with a status of de-registered.

Option 2: De-registered practitioners could be removed from the public register.

Option 3: Practitioners de-registered for conduct reasons could appear on a separate register of de-registered practitioners.

Option 4: Practitioners de-registered for conduct reasons could continue to be shown on the public register with the status of de-registered for conduct reasons.

APodC Comment: the APodC supports option 3. The APodC also recommends to the Ministerial Council that records showing that a practitioner has been de-registered should be from the date the incident was recorded and not the 1st July 2010.

Proposal 4.3.1: *If conditions on practice relate to practitioner health or impairment issues, it is proposed that the national scheme legislation provide that the public register record that a health condition applies, with no further details appearing on the register. However, if specific restrictions on professional practice apply, they would appear on the register.*

The agency could release information about health conditions in particular circumstances if it was judged to be in the public interest but the test would be a high one.

APodC Comment: the APodC supports the disclosure of restrictions on professional practice.

Proposal 4.5.1: *It is proposed that there be a general power in the national scheme legislation to allow any person to obtain a copy of, or an extract from, the register on payment of the fee determined by the agency. It is proposed that the agency would have a power to refuse to provide a copy of the register to any person unless satisfied that it is in the public interest to do so.*

APodC Comment: Disagree. The APodC believes the online public register would be sufficient to meet public informational requirements.

Proposal 4.6.1: *It is proposed that the national scheme legislation provide for the publication of tribunal decisions relating to registrants where it is in the public interest to do so.*

APodC Comment: Agreed.

Proposal 4.6.2: *There is a public interest in making board or committee decisions in relation to conduct matters public. It is proposed that decisions be published on the register of decisions on the agency's website.*

There are two options to give effect to this arrangement:

Option 1: *All conduct decisions of boards or committees are published (with patient details de-identified).*

Option 2: *Boards may order that certain decisions are confidential and order that the decision register contain a confidential information notice.*

APodC Comment: Agreed. The APodC supports option 1.

Proposal 5.1.1: *It is proposed that the national scheme legislation use the private sector provisions of the Privacy Act 1988 as the basis for the privacy arrangements in the national scheme.*

APodC Comment: Agreed.

Proposal 5.2.1: *It is proposed that the existing Commonwealth private sector privacy regime and National Privacy Principles are incorporated by reference into the national scheme legislation.*

APodC Comment: Agreed.

Proposal 7.1.1: *It is proposed that the national scheme legislation prevents the adoption of the scheme's health practitioner identifier for other purposes by other bodies. The legislation would also need to exempt the adoption and use of the identifier for e-health purposes subject to legislation providing appropriate protections being in place to oversight such e-health activities.*

APodC Comment: the APodC agrees, but recommends that the unique identifier and national registrant identifier are not used for other purposes by other bodies.

Proposal 7.2.1: *It is proposed that the national scheme legislation provide for de-identified information from the registration system to be available to government agencies and to appropriate classes of other persons for research and statistical purposes.*

APodC Comment: the APodC recommends any use of de-identified data for research and evaluation purposes must be submitted for consideration by an appropriate NHMRC constituted research, ethics and evaluation committee.

Proposal 7.3.1: *It is proposed that the national scheme legislation governing the release of information by the agency and the boards will set out the circumstances when material will be forwarded to the PSR.*

APodC Comment: Agreed. The APodC would also support access to information and education on the roles and responsibilities of PSR with respect to allied health professionals.

Proposal 7.4.1: *It is proposed that the national scheme legislation governing the release of information by the agency and the boards enables the release of information to Medicare Australia and specifies the purposes for which the information is to be released.*

APodC Comment: Agree. The purposes for the release of information need to be considered and authorized by the Board.

Proposal 7.5.1: *It is proposed that the privacy framework to apply to the agency authorise the disclosure of relevant information to the DIAC for purposes under the Migration Act 1958.*

APodC Comment: Agreed.

Proposal 7.7.1: *It is proposed that the national scheme legislation enable the sharing of de-identified information with State and Territory government bodies for specified purposes and the notification of identified practitioners who pose a public health risk.*

APodC Comment: Agreed.

Proposal 7.8.1: *It is proposed that the national scheme legislation provide that whenever a board identifies that the health of a patient who is not directly involved in a case under investigation may have been adversely affected by a practitioner; the board must notify the relevant State or Territory health department so that remedial action can be taken.*

APodC Comment: Agreed.

Proposal 7.12.1: *It is proposed that the national scheme legislation make appropriate provisions to cover the sharing of information with New Zealand registration authorities consistent with the TTMRA.*

APodC Comment: Agreed.

Proposal 7.13.1: *It is proposed that the national scheme legislation give boards powers to exchange information with international registration bodies.*

APodC Comment: Agreed.

Proposal 8.1: *It is proposed that the national scheme legislation make the boards the repository of last resort with the power to take possession of patient health records when a practitioner has defaulted on their obligations.*

APodC Comment: the APodC believes that the issue of health records deserves proper consideration and should be considered as a stand alone issue.