

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

TRIM Ref: 21112

Practitioner Regulation Subcommittee
National Registration and Accreditation Scheme for the Health Professions
By email: nraip@dhs.vic.gov.au

Dear Practitioner Regulation Subcommittee

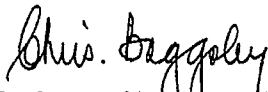
Information Sharing and Privacy Submission

Thank you for the opportunity to provide input into the consultation on arrangements for information sharing and privacy. Please find following a response to the *Proposed arrangements for information sharing and privacy* consultation paper on behalf of the Australian Commission on Safety and Quality in Health Care (the Commission). The objectives of the credentialling and registration processes are closely aligned, with both seeking to ensure public safety. For this reason, the Commission believes these processes should support and strengthen each other.

This submission provides general comment on information for registration and credentialling and specific comment on the proposals discussed in the consultation paper. Our response to this paper is focused on opportunities for national registration to support patient safety through credentialling.

Should you require further information or clarification please contact Professor Margaret Banks on 02 9263 3784 or by email Margaret.Banks@safetyandquality.gov.au.

Yours sincerely



Professor Chris Baggeley
Chief Executive

15 December 2008

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

TRIM Ref: 21112

Submission on the Consultation Paper: Proposed arrangements for Information Sharing and Privacy

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

Thank you for the opportunity to provide input into the consultation on arrangements for information sharing and privacy. Please find following a response to the *Proposed arrangements for information sharing and privacy* consultation paper on behalf of the Australian Commission on Safety and Quality in Health Care (the Commission).

This submission provides general comment on information for registration and credentialling and specific comment on the proposals discussed in the consultation paper. Our response to this paper is focused on opportunities for national registration to support patient safety through credentialling.

General Comment:

Credentialling of medical practitioners across Australia is part of a wider organisational quality and risk-management system designed primarily to protect the patient. If implemented effectively credentialling has the potential to improve safety for patients by ensuring clinicians practice within the bounds of both their training and competency, and the capacity of the service. Credentialling provides a number of controls on clinical practice. It requires that practitioners are trained to provide care, that they maintain their skill; and, that where advanced practice, or new areas of practice are to be introduced they obtain the higher level skill before providing this care. Without these controls there is the potential for inappropriate or poor quality care, or adverse events.

The credentialling process involves a number of distinct steps, and of specific relevance to this submission is the verification of professional identity and credentials (initial credentialling) and ongoing competency to practice (re-credentialling). All credentialling processes rely on professional registration as a fundamental component of the verification process.

As you may be aware, state and territory professional health registration have generally not become involved in credentialling processes to date. Establishing a national professional registration provides an opportunity to support credentialling processes, but this requires access to comprehensive and timely data on practitioners by employers undertaking credentialling (and other credentialling bodies).

Preliminary work of the National Registration and Accreditation Implementation Project identified significant areas of interface between registration function and credentialling. They include:

- Registration status – the first point of verification of a practitioner is registration status.

- Healthcare facilities undertaking a credentialling (or re-credentialling) process are required to check on a practitioner's registration status, including their category of registration, any relevant endorsements, any current conditions or limitations on their registration, and any relevant disciplinary history that may impact on their scope of practice. Currently this information is not uniformly available to healthcare facilities from registration bodies and is needed.
- Credentialling processes require that specialist recognition be verified, which would require access to information on specialist recognition to be available on the register/s, and or a separate 'specialist register'.

There is the potential for national professional registration to support the effective implementation of credentialling. This however is dependent on the following:

1. access by employers and other eligible credentialling bodies to current, accurate and complete information about individual practitioners
2. structuring the register in such a way to recognise specialist qualifications; and
3. for participation in continuing professional development and other quality improvement activities to be a mandatory part of registration.

Access to information for credentialling is consistent with the policy objectives identified on page 3 of this paper that information will be collected for a range of various purposes and the principles articulated on page 5 that provides for information sharing necessary to meet the reasonable information requirements of a range of parties for information.

Recognising employers and other credentialling bodies as eligible to access information could be associated with a reciprocal responsibility on employers to provide feedback to the registration board on poorly performing individuals that have their scope of practice substantially restricted or withheld. Guidelines would need to be developed to define the nature and severity of matters that would be referred from health facilities to the registration board. These matters could include disciplinary action taken on matter such as behaviour and not restricted to just scope of practice.

By more closely aligning registration and credentialling processes, there are potential benefits for:

- Registration boards – there is the potential to access complete and current information on employers.
- Credentialling bodies- there is the potential to access to complete and current information on individual practitioners, that is available from a trusted source.
- Practitioners – there is the potential for administrative efficiency from not having to provide the same information to multiple bodies

Specific comment on proposals

3 Information to be collected

Information collected or created through registration processes overlap substantially with the information collected by employers and credentialling bodies (which may include private sector providers and medical colleges). The Commission supports the list of data items to be collected for national registration processes, listed on page 6.

In addition, it is considered important that data on residency status and/or visa category be collected for registration and be made available for credentialling.

3.2 Employer details

The consultation paper proposes the registration board has the power to collect employer details. This information could support credentialling, if when a practitioner nominates their employer(s), they also give permission for access to relevant information to be used by credentialling bodies.

The Commission recommends the implementation of option two, with practitioners notify the board of all changes to employment status within a reasonable time period.

4 Publicly available information

The categories of information to be included on a national register are supported. In August 2008, the Commission surveyed employers, state health departments, credentialling bodies to determine essential data requirements for a comprehensive credentialling process. A summary of responses is at attachment 1. For the purposes of credentialling, respondents requested that the following information which is additional to the publicly available information, be available to eligible credentialling bodies from the registration board:

- Current and previous names
- Date of birth
- Criminal convictions
- Recency of clinical practice
- Participation in continuing professional development or other quality improvement activities.
- History of previous conditions or suspension of registration

These data items are all collected for registration and required as part of standard medical credentialling processes. In addition, residency status or visa if it were to be collected for registration would also be sought.

Summary of the Commissions position on proposals:

Proposal	Commission position
3.1.1	Supported
3.1.2	Supported
3.2.1	Supported Option 2 is preferred where 'notification, as necessary' relates to notification within a reasonable period of change of employment status.
3.3.1	Strongly supported. The allocation of a unique identifier to each practitioner is essential for credentialling
3.3.2	Supported. The Commission supports the implementation of shared e-health records as a way of improving patient safety and quality.
3.4.1	Supported. Verification of individuals and qualifications is essential Option 1 is preferred, with all practitioners providing evidence of identify from 1 July 2010.
3.8.1	Supported
3.8.2	Supported
3.8.3	Supported
3.8.4	Supported, including the Commission from time to time for relevant data.
3.8.5	Supported
4.1.1	Supported However in addition, information required for credentialling should be made available to eligible bodies on individuals.
4.2.1	Supported
4.3.1	Supported
4.5.1	Supported
4.6.1	Supported
4.6.2	Supported Option 1 is preferred.
5.1.1	No specific comment
5.2.1	No specific comment
7.1.1	Supported. Where this does not prevent the use of the unique identifier by credentialling bodies to conduct credentialling processes.
7.3.1	No specific comment
7.4.1	Supported
7.5.1	No specific comment
7.7.1	Not supported. The Commission is seeking access to relevant information for employers and eligible credentialling bodies to enable credentialling of individual practitioners. This requires that the individual practitioner information be accessible.
7.8.1	Supported.
7.12.1	Supported
7.13.1	Supported
8.1	No specific comment