

**NATIONAL REGISTRATION AND ACCREDITATION SCHEME
FOR THE HEALTH PROFESSIONS**

**APS Response to the
Consultation Paper on**

**Proposed Arrangements for Information
Sharing and Privacy**

December 2008

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NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS CONSULTATION PAPER

Proposed Arrangements for Information Sharing and Privacy

Some General Comments

The primary goal of the Privacy legislation has always been to protect the interests of community members – or more specifically the person who is the object of the information provision (e.g. community member or client). The Practitioner Regulation Subcommittee's (PRS') proposals would change this goal away from protection of the interests of the object of the information (the information provider), to meeting the information needs of the health professions' regulator. We do not consider this change to be a socially good one in the public interest. Protection of the information providers' personal information must remain the paramount goal of the Privacy (including State/Territory health records) legislation for the benefit and protection of the public

The information needs of the regulator (as outlined in section 2 "Overview of information required to operate the scheme") can, in our view, be satisfied within the current (and the to-be-enhanced) privacy and associated State/Territory health records legislative frameworks without disturbing the primary goal which those frameworks were designed to achieve. If this is not agreed, and if the health regulatory scheme ignores or attempts to displace the more general privacy legislation, there will be dysfunctional tensions between the two legislative approaches.

2 Overview of information required to operate the scheme

The new national boards and the agency will collect and process a range of information, including personal and sensitive health information about registrants, in order to successfully undertake the registration and accreditation functions. The information functions of the boards and the agency will include the following:

- the boards and agency will collect and use personal information provided by registrants when they apply for and renew registration
- the agency will develop and assign a unique identifier to each registered practitioner
- the agency will establish and maintain a public register which will include personal information about each registered practitioner
- the boards will collect and use personal and sensitive health information from complainants/ notifiers and will need to be able to disclose that information to other relevant parties and regulators
- the boards will establish information sharing protocols with a number of other Commonwealth, and State and Territory governments, the National E-Health Transition Authority (NEHTA), as well as overseas registration authorities, and
- arrangements will be made to provide de-identified health workforce data to government, and as a public resource.

The regulatory framework will need to fulfil two key functions where this relates to information sharing and privacy. First, it must facilitate the flow, on a national basis, of the personal and sensitive health information that the agency and boards need to undertake their roles. Second, it must protect against the misuse of that information.

In designing such a framework, an appropriate balance will need to be reached between enabling the flow of information for the functions of the agency and boards, and protecting the privacy of that information. Various privacy regimes operate within States and Territories and nationally. The national scheme legislation will therefore need to be clear about what information sharing and privacy regime will apply to the scheme.

2.1 The functions of the agency and boards

It is proposed that the national scheme legislation confer functions on the agency and boards to authorise the collection, use and disclosure of information required to do the essential tasks assigned to each under the national scheme. Whilst the first Bill to be introduced (known as Bill A) will establish structures for the operation of the scheme, the second Bill (referred to as Bill B) will set out the functions of these structures, including the information sharing and privacy arrangements under which the agency and the boards will operate.

In the overview of the document, consideration is given to the need for clarification regarding the governance of information as part of the whole scheme (Section 1.5). The relationship between the boards and the specific roles and duties of the Agency is one of the areas where clarity is needed over privacy of information. It is over such issues that the relationship between the boards and the agency could be particularly tested. It must be reiterated that the boards have prime responsibility for members of the profession they regulate and the courses they accredit, for their members' information, for their members' privacy and confidentiality and for the access of the public to their members' information. The role of the agency must be secondary to that of the Boards in relationship to the management of the gathering and storage of membership information and the boards must have primacy of responsibility with regard to the initiatives, the collection, the content and utilisation of the information gathered. (1.5 part d, governance of information held).

3 Information to be collected

3.1 Information to be collected for initial registration purposes

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

APS endorses this proposal. It would also stress that fundamental to this issue of information sharing and privacy is a clear enunciation of the purposes and intentions of information gathering. Once this clearly specified, it should be the touchstone for every request and subsequent process and practice should not ever go beyond those stated purposes and intentions

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.

APS endorses this proposal

<p>a) Name and contact details <i>APS endorses this proposal and suggests that apart from home address, a main practice address or a main employer address or both should be required as a minimum.</i></p>	<p>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.</p> <p>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.</p>
<p>b) Date of birth <i>APS endorses this proposal</i></p>	<p>In order to properly identify an applicant, date of birth will need to be collected.</p>
<p>c) Qualifications <i>APS endorses this proposal and verification should rest upon a Statutory Declaration</i></p>	<p>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.</p> <p>In addition, proof of satisfactory completion of a requisite examination or period of supervised practice (including date of completion) will be required, where relevant.</p>
<p>d) Overseas registration details <i>APS endorses this proposal</i></p>	<p>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.</p> <p>Additional requirements may include a work statement, evidence of competence to practice and of English language proficiency.</p> <p><i>It is assumed that the status quo with regard to the input of professional bodies to the DIAC process will continue.</i></p>
<p>e) Details of recency of practice and other requirements <i>APS endorses this proposal excluding recency of practice</i></p>	<p>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.</p> <p><i>This raises the impractical issue of recency of practice. While continuing professional development and endorsement of registration are workable requirements, the problems with defining recency of practice undermines this proposal and casts doubt on its inclusion here.</i></p>

<p>f) Criminal record <i>APS endorses this proposal but with the qualifications expressed previously.</i></p>	<p>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.</p>
<p>g) Professional indemnity insurance <i>APS endorses this proposal</i></p>	<p>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.</p>
<p>h) Registration details <i>APS endorses this proposal</i></p>	<p>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, specialties and other endorsements.</p> <p><i>It will be essential to agree on what will be made available in the public domain, and then ensure that the registrant is made aware of this fact prior to the collection of such data.</i></p>

3.2 Employer details

The ability to notify employers of changes in registration status or conditions on practice would help to provide significant protection for the public. However, it is not currently common practice for the name and address of employers to be collected as part of the registration process (although some practitioners may nominate a work address as their contact address).

Under current arrangements, the New South Wales Medical Board has the power to require registrants under investigation to provide to the board, employer contact information (including health care settings at which the registrant is accredited to practice).

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 centres 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.

APS endorses Option 2. However, there needs to be specific guidelines as to the possible situations under which "as necessary" occurs. For instance, if it used only for disciplinary situations, then this should be specified. If there are other circumstances in which this may be necessary, these should also be spelt out. This is one of those situation where "purpose" needs to made explicit.

There are some logical problems with this proposal, too. Some practitioners have multiple employers and in other instances complex arrangements. For instance, a school psychologist employed in a region on a contractor basis (rather than a salaried employee of an education department), and servicing a number of schools, would be unable to add a new school to or delete one from her/his list of serviced schools without advising the registration board and presumably receiving the registration board's acceptance of that advice in some form.

It becomes necessary to create a general ruling that covers most situations and then require additional information when necessary

3.3 The unique identifier

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.

The unique identifier for registration will need to be independent of Medicare provider numbers for many practitioners who have no such relationships even if it is linkable to Medicare for others.

It may be important at this juncture to consider the internationalisation of such an identity scheme or to lay the foundation for such future developments.

The identifier number will be unique to the individual practitioner and may be linked to registration in multiple professions within the national scheme. For example, if the registrant is registered as a nurse and subsequently qualified for registration as a doctor, the same unique identifier would apply to the registrant. Should the practitioner's registration cease, for example, because of absence from the workforce for a period, the same unique identifier would be allocated following any re-registration process.

The format for the unique identifier will be developed in consultation with other health information bodies concerned with health practitioner identification and authentication, such as NEHTA and Medicare Australia.

The unique identifier has the capability to enable clear identification of health providers for the first time in Australia. As a result, it can deliver significant additional public benefit. Some of these benefits are discussed in the section of this paper dealing with information sharing. However, the power to adopt, use and disclose information in specific situations would need to be addressed in the national scheme legislation and in the legislation governing the bodies with whom this information is shared.

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.

APS endorses this proposal. This will not apply to non-health practitioners.

3.4 Identity checking on initial registration

Most jurisdictions do not currently have a legislated requirement for identity checking of applicants. However, while many do perform checks of this kind, practices can differ. Under current registration arrangements, the number of detected cases of identity fraud is low compared to the number of registrants, due in part to the relatively small number of professionals against whom checks are made. However, with the move to a national scheme, there is an opportunity for improved identity fraud detection arrangements.

Also, other bodies that rely on registration processes as a compliance check may assume that a registrant's identity has been checked as part of this process and therefore not undertake their own identity checking. Identity checking at the point of registration would minimise the burden on health practitioners as they would not need to prove their identity to other health services subsequently.

It is noted that the risk profile of applicants for registration is likely to vary not only by profession but also by sub-categories of applicants. It is assumed that any additional costs of identity checking would be charged to applicants through increased registration fees.

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. *(APS second preference)*

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

This is a questionable process. It does seem to be going beyond the realm of registration, and although in principle the APS would not oppose this proposal on initial registration, the cost of the procedure, both to the registrant and particularly to the agency that conducts this process, needs to be assessed before this can be fully endorsed. The extent of fraud, or other means of detection outside of registration, need to be considered before registrants should bear yet another cost.

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

The APS has concerns that Option 3 might be seen as discriminatory.

3.5 Document checking on initial registration

It is important to the integrity of the national scheme that the documents provided to the relevant board by applicants are checked for authenticity, that the documents submitted provide full

evidence of the required qualifications, and that they are formally verified, if required, from the source.

"Formally verified" should refer to a Statutory Declaration. Otherwise, it will have significant implications in terms of costs.

3.6 Information to be collected on renewal

At the time of renewal of registration, it would be expected that registrants will confirm current details and notify the national board of any changes to details such as name, contact details, employer details, professional indemnity insurance and criminal record, where relevant.

There may also be a requirement for registrants to notify the relevant national board of changes to contact details within a specified time, apart from at renewal. Notification of registrant contact details in the national scheme are discussed in the *Consultation Paper on Proposed Registration Arrangements* issued 19 September 2008. A decision on this matter as a condition of registration will need to be reflected in the renewal information to be collected and recorded.

This was endorsed in a previous submission.

3.7 Information to be collected when investigating complaints/notifications and dealing with performance, health and conduct matters

When the board is investigating matters related to performance, health or conduct it will need powers to collect information, documents and evidence. This may include personal information about practitioners, employers, complainants/notifiers and patients.

This information will be protected by the confidentiality provisions in the national scheme legislation and by the privacy regime also reflected in the legislation. These issues are canvassed later in this paper.

3.8 Information to be collected for workforce planning purposes

A sound evidence base is required to inform policy decisions and public debate on workforce supply and demand, distribution, utilisation and design in order to meet projected health workforce requirements. This evidence base is needed as a public resource and not just for governments including the professions and other interested parties.

The current evidence base for workforce planning purposes consists of profession-specific, voluntary and paper-based labour force surveys, which are undertaken annually at the State and Territory level. Health practitioners are asked to complete their respective labour force survey concurrently with their application for renewal of registration, however, it does not form part of this renewal process. Survey results are then provided to the Australian Institute of Health and Welfare (AIHW), which collates all the information for the purposes of national, State/Territory and regional workforce planning. The AIHW also produces labour force reports with the data.

The current process of acquiring labour force data from health practitioners is unsatisfactory for a number of reasons. First, the voluntary nature of the request has seen a decline in response rates in recent years. Furthermore, as each jurisdiction is responsible for its own data items, differences in surveys have reduced data comparability across Australia. There are also

problems around duplicate items in some surveys, which increases respondent burden, while multi-State registrations are poorly tracked which may lead to double counting.

It is proposed that Ministers would have the power to request workforce data from the agency and may specify mandatory and voluntary items to be provided as part of the registration process. The data collected solely for workforce planning would be managed by AIHW, rather than the agency and boards.

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.

In principle, the APS is supportive of this proposal except that prior to such a request the ministerial council should consult with the specific boards regarding the nature of the data element to be requested so as to avoid confusing and inaccurate data elements.

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.

APS endorses this proposal. Abandoning current paper-based labour force survey is certainly sensible and practicable. However, it should be proposed that in the new survey processes, important items and concepts currently collected are not necessarily abandoned without consultation. Access provisions for non-internet users will need to be provided for some years to come.

However, this proposal confuses at least two issues: the discontinuation of profession-specific labour force surveys, and who conducts them. The Ministerial Council, being entirely health-focused, may not see the need to collect data about the non-health areas of Psychology and perhaps some of the other professions. The national psychology board should not be prevented from collecting its own data, either on its own, or in conjunction with the professional association or other bodies.

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.

The APS supports the principle of the collection of workforce data, as it is seen to have many benefits with regard to workforce planning, provision of services and the planning of training programs. Such information is both useful to the government and as well as to the particular profession. Furthermore, the collection of workforce data at the time of registration renewal can be supplemented from time to time by a specific workforce surveys as agreed to by the ministerial Council, the agency, the discipline specific board and the professional bodies.

However, it must be clear that the primary focus of workforce data collection is the government's agenda. As it can be quite an expensive exercise, it should not be expected that registrant's would cover the total cost of these processes. Furthermore, if the workforce data is to be managed and owned by AIHW, then we would expect the funding for this to come from that body at the very least.

Secondly, the suggestion that the collection of data for workforce planning would not be made available to the Boards/agency seems to lack a credible defence. Such information has relevance to the Boards for accreditation and workforce characterisation and as such should be available to the boards. The issue of who provides the funding for these exercises is even more germane if it is being done on behalf of AIHW and not for all agencies involved.

The Australian Health Ministers' Advisory Council (AHMAC) has established a National Minimum Data Set Project to consolidate and streamline information requirements for registrants, whilst providing a more robust data set that will enable more effective workforce planning. At this stage, the following data items are likely to be recommended to the Ministerial Council as mandatory for workforce planning purposes. A number of these items are already routinely collected for registration purposes and these are marked with an asterisk below. Note that some of this information will not be subject to change and will be collected only once on registration or first renewal (these are marked with an 'O' below). Categories and individual data items may change from time to time. To summarise, out of 18 proposed mandatory workforce data items, six are required for registration purposes and eight (including four of the six registration items) will only be required once. This leaves eight items additional to registration requirements to be provided mandatorily at each renewal of registration.

Demographics

- Country or State/Territory of birth (O)
- Date of birth* (O)
- Sex * (O) *Although it is recognised that, in most instances, this is a one-off item, there will be circumstances where it needs to be changeable and therefore mechanisms for such need to be instituted. Should be renamed 'Gender'*
- Indigenous status (O)
- Residential postcode *Not a necessary element. The only defensible postcode is place or places of work.*

Work characteristics

Some of the aspects below are quite complex and difficult to specify. There needs to be considerable effort invested in both consultative and planning processes to ensure that simplistic categories do not produce poor quality data.

- Labour force status (working/not working)
- Field of profession and Specialty/clinical area*

It is critical that there be a commitment to delegate the responsibility for the specification of the data items for each profession to each Board. This is crucial not just because disciplines vary significantly regarding specialisation, but it also may avoid the misrepresentation or incorrect definition of specialties that those unfamiliar with specific professions are prone to do. Professional bodies should also be consulted.

- Principal role (e.g. clinician, educator, etc)

This is a particularly risky area as not only do practitioners work across roles but, in many instances, can equally divide their time between them. To create a simplistic distinction of 'principal role' is to ask for less than useful data.

It is necessary that the term 'clinician' be abandoned and be replaced by the word 'professional' or 'practitioner' as many individuals covered by the legislation are not embraced by the term 'clinician' while they are still functioning as a registered practitioner?

- Work sector and setting
- Work postcode.

This needs to be pluralised (minimum 3) as many practitioners work in more than one setting or location.

- Hours worked

This concept needs to be tied down to a particular period (weekly fortnightly) and linked to 'principal role' in a way that does not lose important data, create inaccurate allocation of time and unclear information.

Registration characteristics

- Registration category, status and type*
- Year of first registration* (O)

Qualification characteristics

- Country or State/Territory of first qualification (O)
- First qualification title (O)
- Year of first qualification* (O)

This seems to be best addressed by 'highest relevant qualification'. Anything less seems irrelevant.

Citizenship characteristics

- Permanent resident status
- Visa status

O indicates items that will be collected only once at the point of initial registration or first renewal after commencement of the scheme

* indicates items required as part of the registration process

The APS endorses all the above with the qualification provided.

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.

Feedback received so far from stakeholders suggests that any requirement to provide workforce data as a mandatory part of registration and renewal is accompanied by a requirement that the national scheme makes this publicly available.

The APS strongly supports the interest of the ministerial Council in good de-identified workforce data as long as the request is associated with adequate funding to carry out this exercise.

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.

The preferred option for achieving this is via an external body such as the AIHW. Under this arrangement the external body would be the authoritative source of this workforce data.

This proposal seems to be at odds with 3.8.3. There it was suggested that the workforce data so collected would not be available to the boards or the agency. Here it is suggested that it would be publicly available. Unless the APS has misunderstood some subtlety, clarification is needed. Either way it insists that the workforce data be made publicly available.

Also this is, supported only if the AIHW is properly resourced, and its scope and staffing are expanded to provide the capability to understand and deal with data and workforce issues beyond health systems, and to act in a timely way. An enhanced collaborative role for the Australian Bureau of Statistics should also be considered, as it already has some of this broader expertise and knowledge.

4 Publicly available information

Under the national scheme legislation, the agency will be responsible for maintaining the public registers. The key issues for resolution are what information should be available to the public, in what form and how should it be able to be searched.

4.1 Information on the public register

Although a range of information is collected to administer the national scheme, only essential information to protect public safety needs to be provided as part of the public register.

There are currently a number of public registers provided by existing boards. Details of what is publicly available on these registers are provided at [Attachment 1](#). The following proposal draws on what might be regarded as best practice in these registers.

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)

While the APS is comfortable with the notion that the existence of suspension, and when it was instituted and when it is planned to expire, is a reasonable piece of public information, it may be fair to include an acknowledgement that an appeal has been launched or is in process as part of

this of information where relevant. In addition, the sensitivity of such a 'suspension' means that the information should be constantly checked to ensure it is up-to-date and accurate.

- (k) Endorsed specialties (where relevant), and
- (l) Other endorsements (where relevant).

It is proposed that the national scheme legislation only specify the categories of information in the form described above and the specific items be determined from time to time by the agency on the combined recommendation of the boards.

APS endorses this proposal

4.2 De-registered practitioners

Practitioners may cease to be registered for a variety of reasons including non-renewal, family responsibilities, change of career, travel overseas, death, or retirement. Practitioners may also be de-registered as a result of a tribunal decision.

If a practitioner has chosen, voluntarily, to let their registration lapse, then it can be argued there is no public policy reason to continue to show the practitioner on the public register. On the other hand, if the de-registration is a result of a tribunal decision, then it may provide important information to the public to continue to list the practitioner on the public register, but show them as de-registered for conduct reasons. However, there may be a degree of unfairness if some practitioners who are being investigated for conduct matters opt to cease registration in an effort to avoid further scrutiny and public identification.

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.

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.

The APS agrees with the proposal of Option 4. It has noted the other options and would only consider Option 1 one as a second alternative. What seems to be missing here is the category of non-practising registrant. This concept was endorsed in a previous submission and the particular entity noted as a category on the register. It may also be worth considering whether nonregistered practitioners who have become so due to retirement should still be noted on the register for 12 to 24 months after their retirement. This would improve the access of notifiers to identify practitioners who may have ceased to practice.

Re Option 3, it is noted that (as with ASIC's separate register for de-registered directors, undertaken for good reason) the public would know that only registered and free-to-practice persons were listed on the Register. They would not be confused by the possibility that the

person could have completed their suspension but it has not yet been adjusted in the register. However Option 3 would require that the public be informed of the existence of a separate register and that the member of the public enquiring about the registrant is able and motivated to go to the separate register.

Option 4 would have the virtue of being a single register, where all the available information (including de-registered status if appropriate) appears together for the individual registrant. However there may be a danger (depending on the resourcing and efficiency of the central administrative agency) of harmful delays in removing de-registration status when the registrant is restored to full registration. Further, the member(s) of the public searching the register at one point in time may not update their records (a problem with Option 3 as well) with serious consequences for the readmitted registrant.

If this proposal is adopted, there is an issue about how far back should the register go in showing de-registered practitioners. Options include from 1 July 2010, or from some earlier point in time. Indeed, all practitioners currently listed by existing boards as deregistered for conduct reasons could be incorporated into the new register as de-registered for conduct reasons.

The APS agrees with the proposal in the last sentence.

4.3 Recording of conditions on practice

It is important to the protection of public safety that conditions on practice are displayed on the public register. These conditions could arise for a number of reasons including:

- the outcome of a performance assessment process
- the outcome of conduct issues
- the outcome of health assessment process, and/or
- restrictions on registration imposed at first registration or on renewal or as part of area of need registration.

More information on these situations is available from the *Consultation Paper on proposed arrangements for handling complaints, and dealing with performance, health and conduct matters*.

Conditions may limit practice of the profession (eg restrict the prescribing of drugs of addiction), or may require that the practitioner undertake particular activities (eg attend a program of drug counselling). It is important that employers can access information about restrictions on professional practice from the register.

This is too sweeping a statement. Note our earlier comments about the breadth of the term "employer". Publication of some conditions even if limited to employers may be very counterproductive. No registration board could guarantee that employers could and would protect the confidentiality of such information, or that they or their subordinates would not abuse it in their decision-making. The registration board should have the power to decide whether publication of a condition or restriction is in the public interest, and would not have a counterproductive impact on the registrant's rehabilitation (or indeed on their continued employment). Also, the opportunities for mistakes and delays by agency staff in updating

information could be significant, and the chances of the public knowing what a restriction or condition really means will be poor. What mechanism would ensure that prospective clients would examine the list? (There are many employers of non-health psychologists who would not think of or bother to consult a health register as a source of useful information.) Some real data should be found or sought through research into these issues, rather than acting on the basis of speculation alone.

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.

It is hard to imagine a circumstance where a practitioner's health condition is in the public interest. This is a perfect example of where the protection of health records under the privacy legislation protects the public better than practitioners, if this was instituted. A statement of a health condition on the public register may be very counterproductive, not just now but long into the future, and in any event (we consider) is essentially a private matter between the registrant and the registration board (and in some circumstances the registrant's employer) that should be made public only in exceptional circumstances. But if such circumstances exist, surely action stronger than the mention of a health condition is warranted.

The definition of "health condition" that may affect professional practice is of concern. There is a grave risk of an over-inclusive definition that lists virtually any or all medical or mental health conditions on the grounds that some effect on professional work cannot be ruled out.

APS endorses does not endorse this proposal.

4.4 Online public register

There are a number of risks with online registers that need to be addressed, particularly relating to potential commercial use of the register.

It is planned to make the register available online, with certain restrictions on how the register could be searched. For example, it would not be possible to download the entire register to prevent duplication for inappropriate purposes, such as marketing. The register could, however, be searched by specific fields such as name, registration identifier or postcode. There will be no fee payable for search of the online public register.

It is considered by the APS that one of the primary principles of an online public register is to provide the public with a mechanism for confirming whether an individual practitioner is a registered practitioner. As this is the primary purpose, the register should not allow for any more information than meets those criteria. The risk that such a register may assist commercial usage is an important one and therefore the capacity of the register to allow broad searches of the register or downloads should be constrained. One of the simpler ways of restricting misuse of the register is to only allow access to one practitioner name at a time. In other words searching by postcode would not become a possibility even though community members may want to use it as a search for access to services in an area. This function is well covered by

other publicly accessible resources such as telephone directories, websites - particularly of the professional associations - and should not be seen as a function of the national boards.

With these limitations, the APS endorses this proposal.

4.5 Release of public register information

The agency should not be permitted to make a profit from the register.

Persons who require access to public register information may make application for its release. Fees may apply in order to recoup costs of provision of the information. It would be expected that applicants indicate the purpose for which they are seeking information. Information would not be released for commercial purposes.

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.

This is once again another example of where the agency needs to act in concert with, or subordinate to, the national boards. The decision as to whether it is in the public interest needs to be a decision of the boards and not the national agency. As noted above, any search of the register should once again only be on the basis of individual applications and certainly not a group or broad sweep of the register. Once again the rationale for this constraint is to severely limit the capacity of commercial interests to utilise a register that has been essentially paid for by the registrants.

With these provisos, the APS endorses this proposal and it seems consistent with the Privacy Principle 6.1, Part c.

4.6 Public access to the findings of formal proceedings

Under the national scheme, a tribunal in each State and Territory will hear serious disciplinary matters and appeals. (For further information see the *Consultation Paper on complaints*.) It is proposed that tribunal decisions be published on the website by the agency, unless the tribunal has ordered otherwise, in which case a confidential information notice would be published.

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. Similarly, when boards or committees consider conduct matters, decisions may be made public.

The APS endorses this proposal.

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.

The APS endorses Option 1

When the boards and their committees or panels make performance management and health management decisions it is proposed that these not be published. These streams involve working co-operatively with the registrant to improve performance. This could be jeopardised by the publication of decisions. However, if there could be some educational benefit to the profession from the publication of de-identified case studies relating to performance management or health management, the board should be able to exercise discretion to do so. It is further proposed that there be a power to remove decisions from the register of decisions at the discretion of the relevant board. This will allow old decisions to be removed when no longer relevant.

5 The privacy regime

Australian information privacy law consists of a patchwork of Commonwealth, State/Territory, and private and public sector legislation as well as, in some States, administrative arrangements or guidelines that do not have a legislative basis. In some jurisdictions there are specific laws that deal exclusively with sensitive health information but in others health information is covered by general information privacy laws.

Although all information privacy legislation can be seen as having a common intent – the regulation and control of the collection and handling of personal information – the result in practice is that each piece of legislation contains different obligations that are implemented in a variety of different ways. As the Australian Law Reform Commission (ALRC) has recently said in its report on Australian Privacy Law and Practice “Australian privacy laws are multi-layered, fragmented and inconsistent”. It also identified inconsistent regulation, particularly in the health sector, as causing complexity, significant compliance burdens and costs as well as impeding projects in the public interest such as health research.

A fragmented and inconsistent regulatory approach to the privacy of personal and health information collected and handled by the agency and the boards will significantly obstruct them in achieving the policy objectives set for the national scheme.

There are a number of ways in which a single privacy framework can be applied to the work of the national scheme but each has a common characteristic – the adoption and implementation of a single privacy law that covers all of its information collection and handling activities, including its administration of the practitioner register. Because of the various ways in which privacy principles are currently implemented nationally, it is unlikely that the adoption of a single set of privacy principles (rather than a single privacy law) would achieve this objective. Consideration is currently being given to undertaking a Privacy Impact Assessment in 2009. This will ensure that all aspects of the scheme have been considered in relation to privacy impacts.

5.1 Legislative options

There are several options that are capable of achieving uniform privacy treatment for all of the national scheme's information practices. Each of these involves either selecting an existing privacy law and applying it to the national scheme or designing a bespoke privacy law specifically for the national scheme.

Option 1: Using an existing privacy law

There are three main options – use the private sector provisions of the *Privacy Act 1988*, use the public sector provisions of the *Privacy Act 1988* or use an existing State or Territory law.

(a) Use the private sector provisions of the *Privacy Act 1988*

Adopting this option would satisfy the key policy requirement of ensuring that the national scheme operates within a single privacy law. The private sector provisions of the *Privacy Act 1988* apply a higher standard of protection for health privacy through its use of the National Privacy Principles (NPPs) (see [Attachment 2](#)), than the equivalent Commonwealth public sector regime, which incorporates the Information Privacy Principles (IPPs). Most State and Territory privacy laws are based on the NPPs and the private sector is governed by these NPPs.

(b) Use the public sector provisions of the *Privacy Act 1988*

Although this option is capable of producing a single privacy regime, it has several disadvantages. First, the Commonwealth's public sector IPPs do not offer the same degree of privacy protection for personal health information as the NPPs. Secondly, under this option, the national scheme would operate using a different and lower standard of privacy protection than that which the private sector is required to comply with.

(c) Use an existing State or Territory law

There is no clear advantage of this option over option (a). Although most of the State and Territory privacy and information laws are based on the NPPs, there is no clear rationale for selecting one State/Territory law over another. Moreover, there is a greater degree of national familiarity in the health sector with the Commonwealth law than there is with the privacy laws of each of the States and Territories.

Option 2: A bespoke privacy law

The main disadvantage with this approach is that a purpose built privacy regime would potentially introduce more diversity and lack of consistency into the Australian patchwork of privacy provisions.

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.

The APS endorses this proposal.

5.2 Reference or incorporation

There are two ways in which these provisions could be applied to the national scheme. Adopting the Commonwealth privacy provisions by reference would mean that the privacy regime applying to the scheme would be subject to legislative decisions made by the Parliament of Australia. The advantage of this approach is that there would be a single parliamentary process in relation to the privacy laws for the national scheme.

Alternatively, adopting the Commonwealth privacy provisions by incorporation would mean the replication of the core privacy provisions in the national scheme legislation and the inclusion of the NPPs in a schedule to this legislation. The current NPPs are provided at [Attachment 2](#). The advantage of this approach is that the privacy requirements would be easily identified through the national scheme's legislation.

Under either of these two options, any complaints relating to the management of personal information would be considered by the Commonwealth Privacy Commissioner.

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.

APS endorses this proposal.

It is noted that all governments are currently reviewing national privacy provisions which may in future be subject to change.

6 Confidentiality

Officers of the agency and members of boards, committees and panels will be expected to observe confidentiality in relation to information obtained in the course of their work, unless authorised to release information in specific circumstances.

The national scheme legislation will require officers and members to observe confidentiality except in specified circumstances, such as:

- the execution of functions under the Act
- creation and maintenance of the public register as specified in the Act
- court or tribunal proceedings
- an order of a court or tribunal
- the investigation or the enforcement of a law of any State or Territory or of the Commonwealth, and
- following the written authority of the person to whom the information relates.

The APS endorses this proposal. However, with the recent case in Victoria where two medical practitioners were pursued by a senator over their role in a legal abortion it is important to ensure protection of client files. Through legal processes, some of which involved the medical registration board, the identity and clinical records of the client were revealed to the senator and subsequently became public knowledge, with significant harm to the client. Whatever confidentiality provisions are developed, they must prevent such a process and outcome.

7 Information sharing

7.1 Enabling e-health developments

As outlined in section 3.3, the use of the unique identifier allocated by the national scheme for other purposes to support e-health developments is proposed, as long as appropriate legal protections are in place for the receiving body.

Legislation is currently under development to provide an appropriate regulatory framework for e-health, including healthcare identifiers to be used in e-health. NEHTA is currently developing for governments, national standards and specifications to support the electronic collection and secure exchange of health information.

The use of identifiers is common, particularly in the health sector, because they provide an accurate means of identification for clinical purposes and increase administrative efficiency. There has been wide ranging debate regarding the privacy risks that identifiers pose given they enable the linkage and aggregation of disparate sources of information about individual practitioners. For this reason, many privacy laws restrict the adoption and use of identifiers that have been assigned by government agencies. For example, under NPP 7 of the *Privacy Act 1988*, a private sector organisation cannot adopt as its own identifier of an individual, an identifier assigned by a Commonwealth agency. The equivalent protection will need to be built into the national scheme legislation to ensure that the identifier assigned to each health practitioner by the agency cannot be widely adopted.

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. Once e-health arrangements are in place with an appropriate legislative framework, it is envisaged that the agency would provide to the healthcare provider identifier service established by NEHTA, information relating to registrants through initial registration and when registration is de-activated, suspended or withdrawn.

The APS endorses this proposal, but once again highlights the issues of cost in that NeHTA is a government supported body whose needs and costs should not be shifted to registrants.

7.2 Research

De-identified information falls outside privacy law as it does not constitute personal information except where the identity of the person can "reasonably be ascertained". Release of de-identified information for research and statistical purposes could therefore occur.

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.

The APS endorses this proposal. Again, this appears to be in conflict with 3.8.3 which appears even more anomalous.

7.3 Professional Services Review Scheme (PSR Scheme)

Part VAA of the *Health Insurance Act 1973* (Cwlth) (HIA) establishes the PSR Scheme. Under the PSR Scheme the provision of services by a health practitioner can be reviewed and investigated to determine whether the health practitioner has engaged in 'inappropriate practice'

in the rendering or initiating of Medicare services or in prescribing or dispensing under the Pharmaceutical Benefits Scheme (PBS).

Sanctions may be imposed on a health practitioner under the PSR Scheme if the health practitioner is found to have engaged in 'inappropriate practice'. The sanctions include: reprimand; counselling; repayment of Medicare benefits; complete or partial disqualification from the Medicare program or PBS for up to 3 years.

Currently, the HIA establishes linkages between the PSR Scheme and the health practitioner registration bodies in specific circumstances. For example, if in the course of investigation under the PSR Scheme, the PSR Committee (or the determining authority) forms the opinion that a practitioner 'has caused, is causing, or likely to cause a significant threat to life or health of any other person', they must provide the Director of PSR with a statement of their concerns together with material or copies on which the opinion is based. The Director must forward these documents to an appropriate body, that is, the registration or licensing body of the practitioner (section 106XA of the HIA).

Another example is, if the Director of PSR forms an opinion that a practitioner is not complying with 'professional standards', a term not defined in the HIA, the Director is required to send a statement of his or her concerns together with material or copies on which the opinion is based to an appropriate body (section 106XB of the HIA). The 'appropriate body' is one prescribed in the regulations of the HIA. Currently no such bodies are prescribed in the regulations. Under present arrangements, the finding of 'inappropriate practice' under the HIA may be a relevant consideration in some jurisdictions in relation to whether a practitioner has engaged in 'unsatisfactory professional conduct' for the purposes of the practitioner's registration. However, apart from these prescribed circumstances, final determinations or material relevant to the making of determinations by the PSR are not generally forwarded to the relevant professional registration or regulatory body. Of note is that any such disclosure would need to comply with provisions under the *Privacy Act 1988* (the Privacy Act).

The establishment of the agency and the national register provides an opportunity to establish greater linkages between the PSR Scheme and the national registration body. Greater linkages between the two will streamline processes and ensure that relevant material in relation to a practitioner is considered when determining a practitioner's registration. Amendments to the HIA and possibly the Privacy Act are necessary to set out the circumstances when information must be provided to the agency by the PSR.

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.

Further policy considerations, in consultation with the Director of PSR and the professions will be required to clearly identify the desirable information sharing protocols.

The APS endorses this proposal. Although it is possible that this may have already been accounted for, it seems only fair that if the national boards are required to convey information to the PSR, then the obligation should also rest with the PSR to inform the national boards of similarly relevant information.

7.4 Medicare Australia

Medicare Australia administers the Medicare program on behalf of the Commonwealth. As a matter of administrative necessity, Medicare Australia issues practitioners that can render Medicare rebateable services with 'provider numbers'. If a medical practitioner is de-registered, they cannot provide Medicare rebateable services. Creating stronger information links including electronic links between the national scheme and Medicare Australia can ensure that Medicare Australia has the most up-to-date information about a practitioner's registration status including conditions placed on registration. This has the potential to improve compliance with board and tribunal decisions affecting practitioners and quickly alert Medicare and the relevant board to any continuing risk to public safety.

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.

APS endorses this proposal. However, once again it seems only fair that if the national boards are required to convey information to Medicare Australia, then the obligation should also rest with the Medicare to inform the national boards of similarly relevant information.

Further, it is important to note for both 7.3 and 7.4, that these provisions are very health practitioner focused and need to take account of the fact that this proposal will not apply to all psychologists. There is a "Catch-22" situation here, where some non-health psychologists may be treated as if they should have done certain things because they are all "health", but they haven't because they are not "health".

It may also be necessary to update the functions of Medicare Australia under the *Medicare Australia Act 1973*, to ensure that Medicare Australia has the proper authority to perform this function in relation to the use of data provided by the agency.

Further consideration is required of additional information exchanges that could occur between Medicare Australia and the boards, particularly in relation to matters under investigation where no finding has yet occurred. A case has been put that if the boards and Medicare Australia were to share information at the pre-finding stage, this might mean that a greater range of evidence is made available quickly in relation to a conduct matter.

7.5 Overseas trained practitioners

Overseas trained doctors and other health professionals make a valuable contribution within the Australian health system. A large proportion of overseas trained health professionals are in Australia on a temporary basis. Practitioners who are in Australia on temporary visas often have a number of conditions on their visa, including location of work. In addition, registration boards may, depending on the qualifications and skills of the practitioner, place conditions on the registration of a practitioner.

The sharing of information between the Department of Immigration and Citizenship (DIAC) and the agency would be of mutual benefit to the two agencies. The DIAC, with its regulatory role of visa compliance checking, would benefit from being able to receive information from the agency. Similarly, the agency would be made aware of the withdrawal of a practitioner's visa, which will affect a practitioner's registration. Also, should fraudulent documents be identified by either

party there would be substantial benefit in sharing this information so that appropriate checks can be made by both agencies.

Further discussion with the DIAC is necessary to discuss the type of information it would be seeking from the agency and to establish whether amendments to the *Migration Act 1953* are required in order for it to provide information to the agency.

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*.

APS endorses this proposal.

7.6 Health complaint bodies and tribunals

The national scheme will incorporate a role for health complaint bodies and tribunals which is identified in the consultation paper on complaints, conduct, health and performance arrangements. The role specified in the national scheme legislation will authorise the sharing of information with those bodies.

In addition, there may be the need for complementary legislative provisions to be put in place to require health complaint bodies to advise the agency whenever matters are identified in the course of complaint conciliation or mediation, where these constitute unprofessional conduct by a registered practitioner, deceptive or misleading conduct by an unregistered practitioner purporting to be a registered practitioner, or ill health or incapacity that might be affecting practice.

The APS endorses this proposal.

7.7 State and Territory government health bodies

Proposals in relation to information sharing with employers have been canvassed earlier and in the complaints arrangements consultation paper (available at www.nhwt.gov.au/natreg.asp). These are likely to be the most important information sharing arrangements for State and Territory governments.

The national scheme legislation will also need to enable de-identified information sharing with a number of State and Territory public health bodies. This is particularly important in relation to health service delivery and drugs and poisons matters. There will also need to be provisions that enable the boards to identify to the appropriate public health protection bodies, those practitioners who pose a notifiable public health risk.

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.

The APS endorses this proposal but would request the addition of safeguards and Board approval for each case.

7.8 Notification to Commonwealth, State and Territory health departments

It is possible that during the course of investigation of a case, a board identifies that consistently poor practice has been followed, for example, in conducting diagnostic tests or undertaking certain procedures. If that poor practice presents a potential risk to other patients, beyond the case or cases under investigation, then it is proposed that the board be given power to bring the matter to the attention of the relevant health department.

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.

While we agree that this is an important issue for community safety and protection, it is important that once the initiative has been taken by a national board to report this information to the State or Territory health authority that there is an obligation on the part of the State or Territory to take appropriate action and will report on, and defend why, that further action was taken in a publicly accountable way. This is particularly relevant for cases that might be seen under the Medicare system and thereby provide the State or Territory with an opportunity to transfer responsibility. No such transfer should be allowed to occur.

The second important aspect to this process is that the cost of such an investigation of related community members who may not be the subject of an application is the responsibility of the State or Territory health system and in no circumstances should be deflected back to the board.

Finally, the only information conveyed should be practitioner related and in no circumstance include patients/client information. This is a fundamental privacy issue.

With these provisos, the APS endorses this proposal.

7.9 Law enforcement agencies

The national scheme legislation will provide a general power to share information with law enforcement bodies. This may arise as a result of a police service investigating and charging a person in relation to a breach of the national scheme legislation. It may also arise when a law enforcement agency is investigating a matter arising from the enforcement of a law of any State or Territory or of the Commonwealth.

The APS endorses this proposal, but once again insists that the only information conveyed should be practitioner related and in no circumstance include patients/client information.

7.10 Criminal record checking

If mandatory criminal record checking is agreed, there may be a case for an electronic linkage to check criminal record.

The APS endorses this proposal but having said that it is concerned about the capacity of registration boards to protect electronic data from “hackers”, and about the massive costs involved in trying to stay one step ahead of them in electronic security terms. There should also be a requirement that, once used to enable a person to be registered, the check reports be destroyed. (This is the practice in most police and police related jurisdictions.) It is also

important to be sure, and stress, that civil records would not be used in this context, only criminal.

7.11 Universities

The national scheme legislation will provide for information sharing with universities in relation to students of the health professions covered by the national scheme, initial registration of these graduates and confirmation of the awarding of their university qualification.

The consultation paper on complaints, conduct, health and performance arrangements (available at www.nhwt.gov.au/natreg.asp) raises the issue of mandatory notification by employers.

The APS endorses this proposal with the reiteration that costs here should rest with government and not the universities or boards as public protection is the focus here, not practitioners.

7.12 Trans-Tasman Mutual Recognition

The *Trans-Tasman Mutual Recognition Act 1997* (the TTMRA) provides that a person who is registered in New Zealand for an occupation is entitled to be registered for the equivalent occupation in Australia, and vice versa, after notifying the registration authority of an Australian jurisdiction.

The TTRMA provides for the sharing of information between New Zealand and Australian registration authorities. To be effective the agreement requires the exchange of information between the two countries. It may also be important for the sharing of information with New Zealand in relation to the accreditation functions of the national scheme.

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.

The APS endorses this proposal. This provides another stimulus for an international set of provider identifiers.

7.13 Overseas regulatory authorities

There are a number of international contracts and agreements relating to cooperation with overseas health regulatory bodies. These agreements establish arrangements for information sharing and exchange. In order to honour the spirit of these agreements, boards could either:

- record all overseas jurisdictions with which the practitioner is registered and notify these jurisdictions when there is any change to registration status or conditions on practice, or
- write to any relevant professional registration authorities whenever registration status or relevant conditions on practice change.

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

The APS endorses this proposal and notes that this proposal offers a further reason to consider the recommendation above about the internationalisation of unique identifiers for health practitioners.

8 Health records

Some States and Territories have provisions in their legislation to provide for registration boards to take possession of patient health records in certain circumstances. This allows for situations of negligent management of patient records to be addressed, whether these are caused by the death of the practitioner, impairment, or for some other reason.

It is proposed to 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. The intent is that the primary obligation will still rest with the health practitioner to take responsibility for the safe and secure management of their clients' personal health records or to transfer or sell (where they are part of a business) if they retire or move or are de-registered temporarily or permanently.

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.

This would create inordinate costs and responsibility for the national boards. The crucial importance of practice wills is highlighted by this issue, and rather than the boards be burdened with the cost of having to store and manage a range of practice records, rather make it obligatory that practitioners create a practice will such as they are required to have indemnity insurance. There are many registered practitioners who do not conduct a private practice and have no investment in, or obligations to, the national boards funding of the failed procedures of other practitioners. There is also a sense in which this goes well beyond the responsibilities and domain of the national boards. The APS does not endorse this proposal.

9 Transitional issues

9.1 Supply of Information from existing boards to the agency

In order to establish the national scheme, it will be necessary to establish the new national database of registered practitioners. Existing boards will need to release to the national boards and the agency both public register and other information under the national scheme legislation. However, until such time as legislation is passed in a State or Territory to adopt the national law, the existing boards will not be able to share their identified registration data with the new boards and agency. In the meantime, it is proposed to appoint contractors for data cleansing who will work with existing boards to clean and prepare data for transfer ahead of the passage of national scheme legislation in the relevant State or Territory.

ATTACHMENT 1 contains a comparative table of each State and Territory's legislation regarding the key components of information which are publicly available. It is divided between Medical and Other Professions. It can be found in the document at <http://www.nhwt.gov.au/natreg.asp> and then Calls for Submissions/"Call for submissions on proposed arrangements for information sharing and privacy".

ATTACHMENT 2: NATIONAL PRIVACY PRINCIPLES can also be found at the end of the paper above.