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Ms Bronwyn Nardi  
Chair  
Practitioner Regulation Subcommittee  
Health Workforce Principal Committee  
HWPC Secretariat  
Level 12/120 Spencer St  
Melbourne VIC 3000  
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Dear Ms Nardi

**Australian and New Zealand College of Anaesthetists Submission  
National Registration and Accreditation Scheme for Health Professionals**

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

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a further submission in relation to the consultation paper on the proposed arrangements for information sharing and privacy for the National Registration and Accreditation Scheme for Health Professionals ("the Scheme"). This paper follows three previous submissions by ANZCA dated 5 September 2008, 29 October 2008, and 20 November 2008 in relation to the proposed first Bill, the proposed registration arrangements, and proposed arrangements for handling complaints and dealing with performance, health and conduct matters, respectively.

As highlighted in previous submissions, ANZCA welcomes the introduction of a national registration scheme for the health professions and the benefits it will bring to the Australian public. We have, however, major concerns regarding proposed accreditation processes which need to be independent of government to ensure patient safety and equity of access.

We are committed to working with Government, ensuring the new Scheme maintains the high standards of clinical practice in this country, and protects patient safety.

***Summary***

ANZCA has reviewed the consultation paper on the proposed arrangements for information sharing and privacy and makes the following points:

- Protecting the public's interest must be balanced against the privacy entitlements of registered health professionals in accordance with national privacy legislation.

- The sharing of information between agencies must be carefully controlled so as not to compromise registered health practitioners, and be guided by agreed communication protocols.
- The collection of health workforce data is very important and requires careful consideration of the appropriate data fields, to ensure accurate and sustainable long term workforce planning and development.

### **Specific comments**

The following comments are offered in relation to the proposals:

#### **Section 3 – Information to be collected**

Proposal 3.1.1/2 - We agree with the need to collect important applicant information as stipulated. Option 1 is favoured in relation to proposal 3.2.1, requiring the recording of employer and other similar details at which the practitioner is accredited as a condition of registration and update on renewal.

ANZCA agrees with the provision of a unique identifier for each registered practitioner as recommended by NEHTA (3.3). Proposal 3.3.2, in relation to information sharing and disclosure of the unique identifier, needs careful consideration to ensure proper protection of the practitioner through clear legislative powers that are also in the public interest.

Under proposal 3.4.1, option 1 is preferred, requiring boards to identity check registrants on initial registration post 1 July 2010, but not for existing registrants.

The recording of workforce data to assist with current and future health workforce planning is very important (3.8). ANZCA recommends the following in relation to data fields:

- the adoption of simple, clear definitions;
- they should be populated from registration data where possible; and
- they should remain constant and not change each year, so that longitudinal changes can be tracked.

A key consideration is the recognition of health professionals that may work in more than one role in more than one site, (and therefore more than one post code). Some health professionals work purely in private practice (no employers) – this needs to be recognized and factored in.

In line with privacy law the purpose for collection needs to be made explicit. Workforce data needs to be de-identified as appropriate when being analysed for planning purposes (3.8.4). There should be annual publication (3.8.5) of data which is publicly available. (see Medical Council of New Zealand annual workload survey<sup>1</sup>).

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[http://www.mcnz.org.nz/portals/0/publications/DOCUMENTS\\_n16072\\_v1\\_Workforce\\_Survey\\_Report\\_2007\\_final.pdf](http://www.mcnz.org.nz/portals/0/publications/DOCUMENTS_n16072_v1_Workforce_Survey_Report_2007_final.pdf)

## Section 7 – Information sharing

The sharing of information needs to be carefully controlled and with the appropriate safeguards in place to protect the privacy of health practitioners. The use of de-identified information for research and other statistical purposes is important but needs to be mindful of privacy obligations towards the respective practitioners, in accordance with the national Privacy Act 1988.

The release of information to the Professional Services Review scheme and Medicare as proposed in 7.3.1 and 7.4.1 also needs to be managed carefully, having regard to privacy principles. Again, exchange of information between the agency, via the registration boards and the Department of Immigration and Citizenship (DIAC), is desirable in the case of overseas trained practitioners but needs to be mindful of the Migration Act 1958. This would greatly assist Visa compliance checking as it affects the conditions of registration of a practitioner.

Proposal 7.8.1 deals with the notification of a state/territory health department by a board where the health of a patient not directly involved in a case under investigation *may* have been adversely affected by a practitioner. ANZCA **does not agree** with this proposal – surely at this point it is purely an “allegation” and “not proven” – in this regard the principles of natural justice need to be followed. This appears to be a rather heavy handed approach.

Trans-Tasman mutual recognition is highly desirable and it makes good sense to facilitate the appropriate sharing of information in relation to health practitioner registration, and this should be extended to other international registration bodies (7.12.1, 7.13.1). This is important to ensure safety and quality in the system, enabling the detection of de-registered practitioners.

Thank you for the opportunity to provide comments on this latest (fourth) consultation paper on the proposed arrangements for information sharing and privacy. As always, we welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely



Dr Leona Wilson  
President