

**AUSTRALIAN AND NEW ZEALAND
COUNCIL OF PODIATRY REGISTRATION BOARDS**

ANZCPRB

09 December 2008

Attention: Practitioner Regulation Sub-Committee

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

The Australian and New Zealand Council of Podiatry Registration Boards wishes to make the following comments.

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.

Supported

Proposal 3.1.2

It is proposed that the national scheme legislation provide for the key categories of information as detailed in the consultation paper for the registration of individuals.

We consider that the legislation should be flexible to allow different Boards to collect relevant information for registration decisions.

It is essential for practitioner privacy that residential addresses not be available to the public

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3.2 Employer details

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 names and addresses of employers, public health organisations, private hospitals, day procedure centers, and 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.

We support option 2.

Practitioners should have the option of placing an employment address on the public register. This would assist the public and others to identify the current registration of a practitioner.

Professions such as "Nurses" may not want any address to be on the Register and this should be accommodated.

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.

Supported

Proposal 3.3.2

It is proposed that the national scheme legislation authorize NEHTA and Medicare Australia to adopt, use and disclose the unique identifier 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.

Supported with the proviso that these organisations should only be able to access the subset of information relevant to them.

3.4 Identity checking on initial registration

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 2008, but not for existing registrants.

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

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

We support option 1.

The Boards should also have the power to require an identity check where the identity of an existing registrant is in question.

3.8 Information to be collected for workforce planning purposes

Proposal 3.8.1

It is proposed that the national scheme legislation provide for the Ministerial Council to specify from time to time, certain 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.

Not supported – Collection of information for this purpose should be voluntary.

Proposal 3.8.2

It is further proposed that the current voluntary paper-based labour force surveys conducted by current boards on behalf of jurisdiction be discontinued.

Supported

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.

Not supported

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.

Supported

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.

Supported

4. Publicly available information

4.1 Information on the public register

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) *Conditions on practice (where relevant);*
- (i) *Date of suspension and date suspension is to end (where relevant);*
- (j) *Endorsed specialties (where relevant); and*
- (k) *Other endorsements (where relevant).*

Supported – However as previously stated practitioners should be given an option of providing a practice / employment address.

4.2 De-registered practitioners

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.

Supported

4.3 Recording of conditions on practice

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 detail 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.

Supported

4.5 Release of public register information

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.

Supported. We also support Boards having the power to disseminate relevant information to registrants at the discretion of the Board.

4.6 Public access to the findings of formal proceedings

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.

Supported

Proposal 4.6.2

There is a public interest in making public, board or committee decisions in relation to conduct matters. 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: *Board may order that certain decisions are confidential and order that the decision register contain a confidential information notice.*

We support option 2.

5. The privacy regime

5.1 Legislative options

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.

Supported

5.2 Reference or incorporation

Proposal 5.2.1

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

Supported

7. Information sharing

7.1 Enabling e-health developments

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.

Supported

7.2 Research

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.

Supported – But a fee should be charged.

7.3 Professional Services Review Scheme (PRS Scheme)

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 PRS.

Supported

7.4 Medicare Australia

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.

Supported

7.5 Overseas trained practitioners

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.

Supported

7.7 State and Territory government health bodies

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.

Supported

7.8 Notification to Commonwealth, State and Territory health departments

Proposal 7.8.1

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

Supported – However all employers of the practitioner should be included.

7.12 Trans-Tasman Mutual Recognition

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.

Supported

7.13 Overseas regulatory authorities

Proposal 7.13.1

It is proposed that the national scheme legislation give boards powers to exchange information with international registration authorities.

Supported

8. Health records

Proposal 8.1

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

Supported only as a last resort. Boards should develop record keeping guidelines to assist with this issue

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On behalf of:

Podiatry Board of South Australia
New South Wales Podiatrists Registration Board
Podiatrists Registration Board of Victoria
Tasmanian Podiatrists Board
ACT Podiatrists Board
Podiatrists Board of Western Australia
Podiatrists Board of Queensland