

Monday, 15 December 2008

Chair, Health Workforce Principal Committee
Megan Cahill
HWPC Secretariat
Level 12/120 Spencer St
MELBOURNE, Vic 3000

Attention: Practitioner Regulation Subcommittee

Dear Ms Cahill,

PROPOSED ARRANGEMENTS FOR INFORMATION SHARING AND PRIVACY

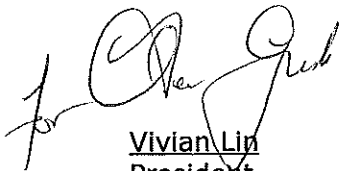
The Chinese Medicine Registration Board (the Board/CMRB) thanks you for the opportunity to comment on this very important document.

We are in general in agreement with the proposed regulatory tools to deal with information sharing and privacy.

We have not commented on every aspect but have selected some key issues to focus upon.

Our more detailed comments are included as an attachment to this letter.

Yours sincerely,



Vivian Lin
President

3.1 Information to be collected for initial registration purposes

It is assumed that legislation would sensibly, only specify the key categories and the details be dealt with at a policy level.

3.1.2 Overseas registration

In CMRB's view it should be a requirement to obtain a 'Certificate of Good Standing' from ALL previous registering authorities unless exempted by the Board from this requirement. CMRB experience has been that not all applicants would be able to obtain such a certificate from all overseas registering authorities. The CMRB view is that such matters should be dealt with as a matter of policy by the national board/s.

3.2 Employers

Legislation should only provide the authority to the Board, to be utilised if/how appropriate. Option 1 is not relevant to many professions and would be extremely difficult to administer, for example with locums. Option 2 is preferred.

3.8 Information to be collected for workforce planning purposes

This is about mandated workforce data collection. It is further proposed that information collected purely for workforce planning purposes will not be made available for board/agency purposes.

Issue for consideration are:

- The provision of collated data reports to the Boards would seem appropriate and reasonable (3.8.3 and 3.8.5 seem to contradict each other)
- Practitioners will reasonably object to providing information more than once

4.2 Deregistered practitioners

CMRB generally supports proposed option, however, the issue of subsequent removal of information is complex. It will always depend of the nature and gravity of the conduct Issue and the currency of concerns.

4.5 Release of Public Register Information

A general embargo on release for "commercial" purposes is too broad. That an entity might be earning an income from the promoted activity need not be a prohibitor – it depends on the prospective benefits. Other safeguards are possible such as Boards requiring purchasers to give an undertaking that the information will only be used by them and only for the purpose for which they requested it

Such issues should be dealt with at a policy level, rather than in legislation.

4.6 Publication of Reasons in Less Serious Conduct Matters

This is inappropriate in many cases. Where publication would be appropriate, such serious matters should be referred to a tribunal which publishes decisions.

It has been the CMRB experience that many less serious matters¹ can be efficiently and effectively dealt with via the more private mechanisms, as per the Health Professions Registration Act 2005:

- Professional Standards Panels
- Section 59 agreements

The prospect of public exposure would inevitably generate resistance and defences. This would increase financial costs considerably and undermines practitioner co-operation and openness/willingness to change. In some cases too, such exposure would be unfair.

Patients/complainants must always be protected from public identification.

The CMRB supports the full publication of findings and determinations in the more serious cases which are proposed to be referred to an independent tribunal (as per the current Health Professions Registration Act 2005 arrangements)

7.13 Overseas regulatory Authorities

7.13.1 - Power to Exchange Information with International Registration Bodies

CMRB supports this proposed option.

8 Health Records

The CMRB strongly opposes the proposal 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, unless there are adequate sanctions capable of application to retired and/or unregistered practitioners to promote compliance with good practice I the proper preservation of records by them.

¹ Matters taken into consideration when deciding can reasonably include the views of a complainant if one exists