

**National Registration and Accreditation Scheme for the Health Professions**  
**Comments on proposed arrangements for information sharing and privacy.**

**December, 2008**

Medical Deans Australia and New Zealand Inc (Medical Deans) is the peak body representing medical education and research in Australia and New Zealand universities. The organisation comprises the Deans of Australia's current eighteen medical schools and the two New Zealand schools.

Medical Deans welcomes the opportunity to comment on the proposed arrangements for information sharing and privacy.

In general terms, Medical Deans is supportive of the framework of the proposed policy framework for information sharing and privacy. Our particular interest is ensuring that the national scheme legislation provides for health workforce data to be collected as an integral component of the national registration and registration renewal processes and de-identified data be made available to government, and as a public resource.

As noted in our earlier response to the proposed national registration arrangements, over the last four years Medical Deans, supported by the Commonwealth Department of Health and Ageing, has been collecting demographic, educational and career intention data from all commencing medical students as part of its Medical Schools Outcomes Database (MSOD) and Longitudinal Tracking Project. This project is one of the most ambitious and important projects in health workforce planning to be undertaken in Australia. It has great importance and value as a foundation for evaluating outcomes of medical education programs with specified workforce objectives (including rural and areas of workforce need), assisting in medical workforce planning and providing a national research resource.

Data is now being collected from the first of the original student cohorts surveyed who are completing their courses this year; these 'exit' questionnaires will be administered each year from 2009 to each successive cohort. The project will continue to track medical graduates for the first five years after graduation at which time, whether intention of medical specialty and location, turns into actual behaviour will be able to be ascertained. This unique and robust data set provides an exceptional tool for medical workforce planning and is recognized as such by the Commonwealth.

A crucial element of this project is the tracking of medical graduates. Traditionally this would be done through expensive, labour intensive, individual surveys to medical graduates. Undoubtedly survey-fatigue on graduates will have a major impact on response rates (in contrast to the extremely high response rate (>90%) for commencing students to date) and thus extensive follow-up on non-respondents is expected to have to be undertaken.

National Registration provides, for the first time, the opportunity however to match datasets in such a way that the tracking of medical graduates can be achieved in a relatively seamless, efficient manner through minimal data collected at registration, and in turn, add significant value to workforce planning. For this to occur however, the minimum 'mandatory' data set for registration and renewal of registration must include basic workforce planning data items.

Medical Deans understands the concern expressed in some quarters at the proposed mandatory nature of the workforce data items and the potential penalties that might arise from non-compliance. It would, in our view, be unreasonable to deny registration or registration renewal simply on the basis of non-completion of workforce data items. However, in our view, the necessity to have available sound data for workforce planning outweighs calls to make all

workforce data voluntary and thus some creative options for managing this concern need to be considered.

Whilst the MSOD database is currently formulated on collection of data on medical students and graduates in Australia, the model could be easily adapted for tracking students in medical schools in New Zealand and the near Pacific Region as well as other health professions, all of which have the potential to impact on medical workforce planning in Australia.

In relation to specific matters raised in the Consultation Paper in relation to workforce planning:

### **3.3 Unique identifier**

#### **Proposal 3.3.1**

Medical Deans supports the proposal that the legislation require that each registered health practitioner (or student, if student registration is adopted) be allocated a unique identifier in the new registration system. Such an identifier will assist information sharing for workforce planning purposes.

### **3.8 Information to be collected for workforce planning purposes**

#### **Proposals 3.8.1, 3.8.2 and 3.8.3**

For the reasons outlined above, Medical Deans supports the collection of workforce data as part of the minimum data set for the registration process. Further we support the proposed individual items to be recommended to the Ministerial Council as mandatory items. The addition of these items to that data which is required to be collected for registration purposes, will not in our view, be onerous on individual registrants to complete. However if there is to be a compromise in the number of workforce items to be included as part of the mandatory collection, Medical Deans requires the following three items from the Work Characteristics category to be retained as part of the minimum data set:

*Labour force status*

*Work main location, suburb/locality, postcode*

*Field of profession and Specialty/clinical area*

Medical Deans welcomes the proposal, that with the inclusion of workforce data in the minimum data set, currently voluntary paper-based labour force surveys conducted by boards on behalf of jurisdictions, be discontinued. This should assist significantly with survey-fatigue, particularly in the medical profession.

#### **Proposal 3.8.4 and 3.8.5**

Medical Deans supports the proposal that specified, de-identified information be required to be provided to Council and any of its committees for workforce planning analysis; and that that de-identified information relevant to workforce planning is made publicly available in a timely manner and by suitable means.

We particularly support the identification of an external body, such as the AIHW, for managing the data collection and requests for use of the data. A national body which has the legitimacy, skills and experience in providing a matching service is critical to ensuring protection of the privacy of the individual registrants.

It is also important that workforce data not be limited only to initial registration ie that there is sufficient flexibility built in to the arrangements to allow national boards to collect, where appropriate, new data pertaining to workforce at the time of renewal of registration. Longitudinal linkage of these annual returns will further support workforce assessments.

In conclusion, Medical Deans believe it imperative that basic workforce planning data be collected as part of the national minimum data set for registration purposes and, there be capacity to collect additional data as necessary on a voluntary basis.

A handwritten signature in black ink, appearing to read 'A. Carmichael', written in a cursive style.

Professor Allan Carmichael  
**President**