

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

**MI IAA SUBMISSIONS ON THE CONSULTATION PAPER FOR
THE PROPOSED ARRANGEMENTS FOR INFORMATION
SHARING AND PRIVACY**



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The Medical Indemnity Industry Association of Australia (MIIAA) is the peak body for the Australian Medical Indemnity Industry and represents its members on issues of common interest or concern. The MIIAA is an industry association and its members include Australian based medical indemnity insurers and medical defence organisations. Members of the MIIAA represent approximately 75% of insured doctors in Australia.

The MIIAA makes the following submissions with respect to the proposed information sharing and privacy arrangements.

Proposal 3.1.2

The MIIAA reiterates its submissions on the Consultation Paper for the Proposed Registration Arrangements.

The MIIAA supports legislation requiring criminal history checks being applied to all new applications for registration from 1 July 2010, and for self declaration obligations imposed on registrants both at annual renewal and during the registration period. We note that medical practitioners are already required to report criminal convictions to the relevant registration authorities so that the criminal history of current practitioners ought be known to those authorities.

If it is deemed necessary to perform further criminal history checks, the MIIAA would support a random sample of practitioners being checked on an annual basis. Such a provision should not be at the discretion of the relevant board.

Proposal 3.2.1

The MIIAA supports Option 2. Many health practitioners work either in locum positions or transfer between employers due to the transferrable nature of their professional skills. To require practitioners to regularly report and update the board on their current employment circumstances would be an unduly burdensome obligation.

Option 1 is also rejected.

Proposal 3.4.1

The MIIAA supports Option 1 with qualification. In accordance with privacy principles, information should be kept for no longer than is necessary for the purposes for which the information may be lawfully used. The information collected by the board should not be retained once a practitioner's identity has been verified.

The other options are also rejected.

Proposal 3.8.1

The MIIAA does not support the mandatory collection of information for workforce planning. The public interest in relation to collecting workforce data is entirely separate from registration. Much of the required workforce planning information could be collected annually by the boards upon renewal of registration on a voluntary basis.

The MIIAA also queries the relevance of collecting information about a practitioner's 'Indigenous status'. If practitioners' ethnicity is of relevance then all practitioners should be required to provide information regarding their ethnic origins.

Proposal 4.1.1

The MIIAA supports this proposal with the following qualifications:

(c) The system needs to ensure that public protection is paramount. This includes the safety of the individual health practitioner. The public register should only identify the state/s in which the practitioner practises unless there is written consent by the practitioner to release the practice address on the public register.

(i) Only conditions that may restrict a practitioner's ability to provide a particular service should be listed. It would be prejudicial to note that practitioners had health conditions on their registration when that condition may not restrict their capacity to provide a service. In particular, it may result in a practitioner experiencing financial hardship because patients choose to receive services elsewhere despite the practitioner being entirely capable of offering the required service.

Proposal 4.2.1

The MIIAA supports Option 3. Option 4 could cause some confusion for patients who may check to see if a practitioner is on the register but may not check the corresponding orders.

The other options are also rejected.

Proposal 4.3.1

The MIIAA refers to its submission in relation to Proposal 4.1.1 (i). However, if health information must be included then we support the proposal as it stands.

Proposal 4.6.2

The MIIAA supports Option 2. The boards should have discretionary power to determine that decisions be kept confidential. This is because publication of a decision may endanger the safety of one of the parties involved, or parts of a decision may contain confidential information. For example, there may be originally a health component to a conduct matter, the practitioner recovered from the impairment, the decision contains information pertaining to the earlier impairment, the board should have discretion to strike such information from the decision (as no longer relevant).

Alternatively, if the decision may cause the practitioner such distress as to potentially give rise to an attempt at self harm, the board should have the discretion to have the practitioner's personal information kept confidential.

The board should also have discretionary power to remove decisions on the basis that it is not in the public interest to be on the public record.

Option 1 is also rejected.

Proposal 7.2.1

The MIIAA supports this proposal with qualification. There should be a guarantee that the de-identified information should not be able to be traced back to individual practitioners.

Proposal 7.4.1

The MIIAA supports this proposal and emphasises the need for clarity regarding the purposes for which information may be released to Medicare Australia. The circumstances when a government agency can seek information from third parties should be clearly prescribed.

Proposal 7.5.1

The MIIAA supports this proposal with qualification. 'Relevant information' needs to be clarified. The information disclosed should be within the reasonable contemplation of the practitioners to whom the information relates.

Proposal 8.1

The MIIAA supports this proposal.