

Medical Services Committee

Established under the Health Administration Act 1982

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15 December 2008

National Registration -- Information Sharing and Privacy -- Submission Consultation Paper Proposed Arrangements for Information Sharing and Privacy,

The Medical Services Committee has considered the consultation paper and provides the following advice.

2. Overview of information required to operate the scheme.

Dot point 4 (top of page 6) This proposal indicates that boards will collect and use personal and sensitive health information from complainant's/notifiers and will need to be able to disclose that information to other relevant parties and regulators. This proposal is far too broad, is unacceptable in its present wording and would need to be very specifically restricted as to which parties this information could be provided .

3.1 Information to be collected for an initial registration purposes

3.1.2 a) Name and contact details. Although it is reasonable for a board to require the home address, it must be clearly identified that this can be only released to third parties at the specific request of the practitioner.

3.2 Employer details

3.2.1 Option 2 is preferred, but it is considered that the option could be expanded to include details relating to institutions at which the practitioner is seeking employment or accreditation.

3.4 Identity checking on the initial registration.

3.4.1 Option 1 is preferred. Many registrants will be required to care for patients in the hospital setting and positive identification is essential.

3.8. Information to be collected for workforce planning purposes.

3.8.1, 2 and 3. These three proposals are supported. Accurate data is essential for forward planning, including estimation of the number of graduates required from universities and other training institutions. For the medical profession it is also required to determine the number of

postgraduate training positions necessary to meet the ongoing requirements of specialist medical services.

- 3.8.5 It is necessary for de-identified workforce material to be publicly available in order that accurate independent assessments of future requirements can be made.

4.2 De-registered practitioners

- 4.2.1 This proposal is supported. It is considered that it would be totally inappropriate for persons, selecting not to continue registration, to be listed as deregistered as if there had been active disciplinary deregistration rather than voluntary cessation of registration.

4.3 Recording of conditions on practice.

- 4.3.1 It is considered that conditions relating to the management of practitioner health or impairment issues should not be available on the public register. Specific restrictions on professional practice must be recorded on the public register.

4.6 Public access to the findings of formal proceedings.

- 4.6.1 This proposal is supported providing that it is appreciated that where a health practitioner is exonerated it is in the public interest for that information to be published.

- 4.6.2 Option 2 is preferred in that it provides a board with a reasonable degree of discretion. The proposal, that when boards and their committees or panels make performance management and health management decisions these are not published, is supported. It is appreciated that over the years de-identified material could have significant educational benefit.

5.1 Legislative options for the privacy regime.

- 5.1.1 The proposal to use the private sector provisions of the Privacy Act 1988 as the basis for privacy arrangements is supported.

7. Information sharing.

- 7.1.1. The proposal to strictly prevent the adoption of the schemes' health practitioner identifier, for other purposes, by other bodies, is strongly supported. All registrants should be notified of any proposed legislative exemption to this restriction.

Information sharing with other agencies (such as PSR schemes and Medicare) is of considerable concern, primarily because these parties could lodge a complaint regarding a health professional, following full investigation. It should not be the role of a board to investigate these matters de novo.

7.8.1 This proposal is strongly supported as on occasions it may be necessary for relevant State or Territory health departments to investigate all persons who may have been adversely affected by a health practitioner.

8. Health records.

It should be clearly indicated that provision can be made through a National board for storage of patient records when practitioners have retired or died. It is considered that the wording when a practitioner has defaulted on their obligations is offensive.

Draft Legislation.

The Committee is of the opinion that it will be essential for any draft legislation, including the final draft, to be circulated, with an adequate timeframe for informed comment, prior to finalization for introduction to Parliament.

Peter Holman
Chairman