

# Royal Australian College of General Practitioners

Response to CoAG's "National Registration and Accreditation  
Scheme: proposed arrangements for information sharing and  
privacy"

19 December 2008



## **1. INTRODUCTION**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to continue to contribute to discussion regarding proposals for a national registration and accreditation system for medical and allied health professionals.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

Discussion within this submission is made in response to the information contained in the CoAG Consultation Paper entitled 'Proposed arrangements for information sharing and privacy', at <http://www.nhwt.gov.au/natreg.asp#calls>

## **2. CONCERNS WITH PROPOSED INFORMATION SHARING AND PRIVACY ARRANGEMENTS**

### **2.1 Support for national registration**

As submitted previously, the RACGP supports a system of national registration, with consistent standards and processes throughout Australia, allowing greater workforce flexibility and mobility.

The RACGP notes that national registration could be implemented swiftly and simply by obtaining agreement between the state health registration boards to accept each others' standards. A national register could then be established through a straightforward agreement on information sharing.

Instead, however, CoAG's proposed national registration system has been tied to several complex and unnecessary changes to the health workforce registration and accreditation system, which bear no relationship to a simple and effective national registration scheme.

### **2.2 Concerns over significant aspects of the CoAG scheme not related to national registration**

The RACGP continues to be significantly concerned by CoAG's proposed system for national registration, which overly complicates a process that should be very simple and straightforward. The CoAG proposals include a number of initiatives and processes that are not related to national registration. Most important among these are proposals to make changes to existing, effective registration and accreditation arrangements for medical practitioners and their training programs.

### **2.3 Significant omissions of the role of the medical colleges and other healthcare profession standard-setting bodies**

The consultation documentation does not recognise the vital and widely accepted role of the medical colleges in setting the standards for the medical profession. The

RACGP view is that if the government wishes to replace the time honoured and tested college system for setting the standards for medical practice in Australia, then the public has a right to be provided with information about any proposed new system, detailing how it might be better, how much more it will cost, and what the risks will be to the current high standards set for medical practitioners in providing medical services to the Australian community.

There is no information about the proposed CoAG model proposed to be used in place of the college system for setting standards, other than to say that a proposed Ministerial Council would have overarching powers in standard-setting, assessment and accreditation processes in Australia.

CoAG is asked to detail how it proposes to set and assess standards for medical practice under any new scheme, and how it proposes to initiate brand new, untested programs Australia-wide for setting the standards of:

- Medical practice for individual medical practitioners
- Courses and training that lead to graduate and specialty medical qualifications.

It is interesting that in the consultation paper now available requesting feedback on “other matters for inclusion in Bill B”, CoAG states:

“When developing the national scheme legislation, Ministers will use as their guiding principles that:

- the safety of the public is paramount
- high quality health care must be protected and advanced, and
- governments should be accountable and processes transparent.”

There is insufficient evidence in any of the CoAG consultation papers that any of these guiding principles are being followed or the issues addressed.

## **2.4 Overarching powers to be given to a ‘Ministerial Council’**

The RACGP remains concerned by statements such as those made in Proposal 9.2.2 of the “Consultation Paper - proposed registration arrangements” that minimum standards will be approved by the Ministerial Council.

Such statements strongly indicate that the Ministerial Council will be given powers to set standards for the medical profession with no regard for the standards already painstakingly set by the colleges and the Australian Medical Council on behalf of the profession and the community over many, many decades.

On the other hand, if CoAG proposes to recognise the role of the medical colleges and the Australian Medical Council in setting the standards for registration and accreditation for medical practice and training in Australia, it should clearly document those intentions.

The RACGP remains extremely concerned that CoAG either has no structured plans in relation to setting the standards for medical practice, or it has drawn up but not publicised a system that the Australian public will find unsatisfactory, if not dangerous, for maintaining the existing high standards of medical practitioners serving the community.

## **2.5 Difficult timelines**

It is difficult to see how any of the proposed scheme could be implemented by 1 July 2010. To replace a perfectly effective, safe for the public, and efficient profession-based registration and accreditation system would take much longer, and is not necessary. The academic reliability and validity of the existing profession-based systems has been built up over several decades, and would be very difficult to replicate in such an unrealistically short period of time, let alone to improve upon.

As stated above, national registration can be implemented swiftly and simply by obtaining agreement between the state health registration boards to accept each others' standards, with a national register established via an agreement on information sharing.

## **2.6 Specific responses**

The RACGP cannot support the proposed CoAG model at this stage. The RACGP is concerned that there has been a lack of feedback to any of its submissions thus far, and to submissions from other profession-based organisations, and cannot respond to the detailed and complex proposals contained within the consultation paper until CoAG engages the professions in a meaningful and transparent manner.

However, the RACGP has made a number of overarching recommendations and comments in relation to some sections of the consultation paper.

The consultation paper on proposed arrangements for information sharing and privacy contains an outline of 29 proposals covered within nine sections. Responses in more detail to these proposals from the RACGP begin from section 3 of that consultation document, as follows.

### **Section 3 – Information to be collected**

#### Employer details

In relation to collection of registration information, the RACGP does not believe that health practitioners should be required to provide information regarding their employer. However, if there is a serious issue which may affect the health practitioner's registration status, the relevant health board should have the authority to request details of the health practitioner's employer.

#### Unique identifier

The consultation paper outlines a proposal for a 'unique identifier' for every health practitioner, which is assigned once and does not change even if the practitioner changes health professions. Prior to comment regarding this proposal, the RACGP would like to see exactly what information and details will be shared with Medicare and the National E-Health Transition Authority (NEHTA).

It is essential that CoAG defines what it means by 'other information sharing in the public interest'.

While the RACGP recognises that the public interest is important, there is already legislation in place in every jurisdiction relating to the privacy of information, including

legislation relating to misuse of information. If CoAG has the intention of distributing information that should, under existing legislation, be kept private in order to protect individual medical practitioners and patients, then CoAG should detail its proposals so that they can be measured against existing laws and public policies in each jurisdiction.

#### Workforce information and data

In relation to proposals to collect workforce data, the RACGP agrees that it may be beneficial to collect data for workforce planning, and to inform policy decisions on workforce supply and demand. However, the RACGP is against a system where the ministerial council has the power to mandate, from 'time to time', the provision of 'certain data items' during the registration process.

Instead, health practitioners should be encouraged and provided with incentives to provide workforce data.

### **Section 4 – Publically available information**

#### Public register

The RACGP is supportive of the concept of a publically available on-line database for registered health practitioners.

#### Registration conditions

Conditions of practice which have been imposed on a health practitioner, or agreed to by a health practitioner, should be available on the public register.

The RACGP does not believe that reasons for the conditions, including 'health reasons', should be stated on the public register. The RACGP supports the health practitioner's registration restrictions being on the public register.

#### De-registration

Health practitioners who have been de-registered, due to health, conduct or performance reasons, should not appear on the register as 'de-registered'.

The RACGP notes that the register is supposed to be a record of all *registered* health practitioners, instead of non-registered health practitioners.

Furthermore, the college does not believe that reasons for de-registration should appear on the public register. Details of the reasons for de-registration does not serve any purpose, as the health practitioner has already been de-registered, and can no longer practise in healthcare.

Parties and individuals wishing to obtain further details of the de-registration decisions can access the information via the publically available hearing decisions documents following formal/tribunal hearings.

## **Section 5 – The privacy regime**

In relation to Australian privacy laws, CoAG is concerned about “inconsistent regulation, particularly in the health sector, as causing complexity, significant compliance burdens and costs as well as impeding projects in the public interest such as health research”.

While the College agrees with these concerns, there is no evidence in the proposals provided that complexity and compliance burdens will be alleviated, nor that important privacy safeguards will be preserved in the use of data for research.

A proposal to undertake a Privacy Impact Assessment in 2009 shows that CoAG agrees that further work is required on these proposals, but no timeline is given and it is difficult to see how any outcome from an assessment in 2009 will have any meaningful impact on proposals requiring, under CoAG’s own timelines, implementation by mid-2010. To ensure that all aspects of the scheme have been considered in relation to privacy impacts, the implementation timeline needs to be significantly extended.

## **Section 7 – Information sharing**

The RACGP is concerned regarding the sheer scope of the information sharing arrangements proposed, and is particularly concerned about the lack of clarity and detail in the proposals.

The consultation paper mentions information sharing arrangements related to a large number of agencies and processes, including:

- National E-Health Transition Authority
- Research
- Professional Services Review Scheme
- Medicare
- law enforcement
- universities
- overseas agencies

without providing any detail about:

- how the processes will be implemented
- what information will be shared
- who will decide to share the information
- what the safeguards will be
- how the proposed information sharing arrangements relate to privacy laws in the various Australian states and territories
- the differences between the proposed information sharing arrangements and the current information sharing arrangements of the state registration boards.

Although increased information sharing has the potential to increase synergies and efficiencies between governments and government departments, there is an inherent risk associated with information sharing arrangements of this scale, which require release of meaningful, detailed proposed strategies to help the professions and the public to address any real or potential issues and risks.

The RACGP does not believe that the issues surrounding these risks have been adequately addressed, nor even identified within the consultation paper, and believes that information sharing is a substantial and complex issue which requires further consultation on the specifics with the health professions.

#### Health records

In relation to health records, the RACGP believes that the national registration boards may be an appropriate 'last resort' repository for patient records under certain defined circumstances. However, it should be noted that health record management and maintenance can be a resource-intensive exercise, which will require dedicated ongoing funding from the relevant State/Territory and/or Commonwealth Governments.