

Information sharing and privacy submission  
Attention: Practitioner Regulation Subcommittee

Rural Health Workforce Australia (RHWA) is the peak organisation for Rural Workforce Agencies (RWAs) in all states and NT. RHWA and the RWAs have a strong interest in the workforce data to be made available from the national registration board, in their aim to provide accurate analysis of practitioner supply by remoteness. RHWA has a database (national minimum dataset – NMDS) of general practitioners in rural and remote areas, which is kept up to date partly by reference to the states' registration board data. Our interest will be in developing a dataset complementary to the national registration dataset, to extend and validate the NMDS while avoiding duplication.

Proposal 3.8.3 (subsidiary)

Mandatory collection of workforce planning items is necessary, as voluntary collection has resulted in problematic levels of missing data.

Work characteristics:

- i. The data proposed for workforce planning purposes should allow GPs to be distinguished from other medical practitioners as unambiguously as possible. The items 'Profession & specialty', 'role' or 'setting' must provide this reliably.
- ii. Location data should include both town / suburb and postcode, to allow accurate geographical classification.

Proposal 3.8.5

RHWA strongly supports workforce planning data being publicly available.

AIHW would be an acceptable body for achieving this.

The data should be available with individual practitioner as the unit.

Proposal 4.5.1

RHWA supports electronic copies of the register being made available.

Proposal 7.2.1

Supported.

There is an unclear boundary between de-identified and re-identifiable information, even with de-identified workforce data, when for example knowing a practitioner's postcode may allow his / her identity to be ascertained.

A common resolution is to release data only after grouping to a higher level, eg by merging into groups of postcodes, thus losing some of the detail which can be important to analysis of primary care. RHWA takes the view that bona fide agencies should be given access to de-identified data despite the possibility of re-identification, under specified conditions such as maintenance of privacy and confidentiality in all public releases of information.