

Submission on Information Sharing and Privacy

To

**The Practitioner Regulation Subcommittee
Health Workforce Principal Committee
Australian Health Ministers' Advisory Council**

17 December 2008

From

Rural Workforce Agency Victoria (RWAV)

RWAV welcomes the opportunity to comment on the proposed information sharing and privacy arrangements under the National Registration and Accreditation Scheme for the Health Professions.

The Rural Workforce Agency Victoria (RWAV) was established to overcome the shortage of doctors practicing in regional and rural Victoria, thereby improving access to medical services for people living in the country.

On a practical level, our work includes assessment and recruitment of GPs from around Australia and internationally, support for recruited doctors and their families who relocate to rural settings, and provision of professional assistance while the doctors remain in rural practice. We work with medical students, pre-vocational doctors, vocational trainees and GPs, medical specialists and other health professionals working within primary health care, rural hospital and aboriginal health services.

We also undertake research on workforce issues that guides and informs policy and local community planning for rural primary care and health services. Our research guides strategic initiatives to promote the attraction, recruitment and ongoing support of doctors and other health professionals in rural Victoria.

RWAV currently maintains a database and a minimum dataset of rural and regional medical practitioners and practices that is informed by the Medical Practitioners Board of Victoria register.

EXECUTIVE SUMMARY

1. **RWAV supports the underlying principles and proposals of the scheme to:**
 - **Clarify what registration information will be collected and what will be shared that meets public information needs, provides sufficient protection for the privacy of practitioners and includes a quality improvement focus where appropriate.**
 - **Has a high degree of transparency in who may access practitioner information and the conditions by which information may be accessed.**
2. **Rural Workforce Agencies are funded Agencies with regulatory and administrative responsibilities for rural recruitment programs. RWAs currently administers rural recruitment schemes including the Rural General Practitioner Temporary Placement Scheme, a approved program under the Health Insurance Act 1973 and the Five Year Overseas Trained Doctors Recruitment Scheme. We have established information sharing arrangements in place with the Medical Registration Board of Victoria and Medicare Australia in order to administer these programs.**

Recommendations

3. **That in order to continue to effectively administer these schemes and recruit doctors under our Government contracted obligations, that RWAV has continued access to the health professionals register for these purposes under the new system.**
4. **That the work of Rural Workforce Agencies in the administration of workforce programs, research and local area workforce planning activities be recognised in the new system.**
5. **That the specific proposals detailed in the consultation document are largely supported. However, we also recommend that addition information be collected and available regarding:**
 - **Students and student placements,**
 - **practice location and**
 - **supervision requirements for practitioners including name of supervisor.**
6. **That the regulatory and administrative roles of agencies such as Rural Workforce Agencies be recognised in the system and that further discussions are conducted with RWAs as to how this may be developed as part of the new system.**

1. Introduction

Current links with the Medical Practitioners Board of Victoria About RWAV

The Rural Workforce Agency Victoria (RWAV) was established to overcome the shortage of doctors practicing in regional and rural Victoria, thereby improving access to medical services for people living in the country.

RWAV currently administers two key recruitment programs on behalf of the Department of Health and Ageing.

Rural Workforce Agencies administer the Rural General Practitioner Temporary Placement Scheme. This is an approved program (as the Rural Locum Relief Program) under the Health Insurance Act 1973. It allows medical practitioners who do not have permanent residency or citizenship of Australia and have not yet attained Fellowship from the Royal Australian College of General Practitioners, to provide general practitioner services in rural and remote areas for which Medicare rebates are payable. Rural Workforce Agencies have the responsibility of enrolling doctors on the scheme and advising Medicare Australia, who records these placements on the Register of Approved Placements under section 3GA of the Act. The Medical Practitioners Board of Victoria currently recognises RWAVs assessment processes under this Scheme.

Rural Workforce Agencies also administer the Five Year Overseas Trained Doctors Recruitment Scheme, on behalf of the Department of Health and Ageing. RWA's are responsible for promoting the scheme to overseas trained doctors, assessing the suitability of the doctor for placement under the scheme, recruiting and supporting the doctors under the scheme. In Victoria, these placements are approved by the Clinical Practices Advisory Committee, which is auspiced by the Medical Practitioners Board of Victoria.

RWAV currently has access to the Medical Practitioners Board of Victoria on-line register which is used for scheme administration, verification of registration status of the applicant, confirmation of conditions associated with registration for recruitment and placement purposes and to support RWAVs workforce planning and monitoring activities.

In order to continue to effectively administer these schemes and recruit doctors under our Government contracted obligations, we need to ensure continued access to the health professionals register for these purposes under the new system. The work of Rural Workforce Agencies needs also to be recognised in the new system.

2. RWAV Comment on Proposals

The following provides comments on specific proposals listed in the Consultation Paper: Proposed Arrangements for information sharing and Privacy' for the National Registration and Accreditation Scheme for the Health Professions.

3. Information to be collected.

RWAV supports **Proposals 3.1.1 and 3.1.2**.

Under **Proposal 3.1.2**, we would also suggest that registration details also include:

- a new category for undergraduate students
- any supervision requirements including identifying authorized supervisors under national assessment requirements
- Principal employer, town, state, postcode if known

3.2 Employer details

In relation to the two options proposed for **Proposal 3.2.1**, RWAV considers that both options should be considered.

In principle, employer information is useful for efficient advice to employers as well as for broader workforce planning purposes.

However, given that practitioners can be highly mobile and work in multiple locations, it may be appropriate to seek advice as to the Principal employer at time of registration.

We would also support Option 2 to provide Boards with the power to require the practitioner to provide details of all employers as necessary.

3.4 Identity checking on initial registration

RWAV supports the **Proposal 3.4.1** to introduce a points system for identity checking.

In our view, option 1 is most desirable for consistency sake and to support a streamlined recruitment process.

3.8 Information to be collected for workforce planning purposes

RWAV supports **Proposal 3.8.1, Proposal 3.8.2 and Proposal 3.8.3**.

The Rural Workforce Agencies currently collect detailed data about the rural general practice workforce for a National Minimum Dataset. RWAVs data base includes information on GPs and other staff working in primary care locations in rural and regional Victoria as well as all visiting Medical Specialists. This is updated on an ongoing basis as we become aware of the entrance and exits of doctors. Our database includes GPs working general practices, Aboriginal Community Controlled Health Services and Community Health Centres in rural and regional Victoria.

We are aware that one of the key problems with previous AIHW labour force studies was the timeliness of data provision from the States and Territories. This proposal should assist in providing timely data.

From our experience, practitioners are highly mobile and in rural and remote areas, can work across multiple locations. We would suggest that the workforce planning dataset include a statistical linkage key so that practitioners working in multiple locations can be examined. This would give a truer picture of the distribution of the workforce.

If students are also to be included in the registration process, we would also recommend that the dataset on medical practitioners delineate students, trainees, prevocational doctors and doctors with and without vocational registration. This would mean that University/training provider as well as clinical placement (practice) location would also need to be captured. However, this would provide a far more comprehensive workforce planning collection that would include planning for the future health workforce.

We would also recommend that the NHWT and AIHW engage in discussions with the Rural Workforce Agencies as there is considerable potential for a more informed rural and regional data collection as part of the workforce dataset, given that the RWA collections are far more comprehensive than the current proposed workforce planning dataset.

One of the limitations of the AIHW labour force research is the limited range of publically available research data especially on smaller area/regional basis or for rural collection. Access to more detailed datacubes or analyses as part of the workforce planning dataset would also be most useful.

4.1 Information on the public register

As outlined in the introduction, RWAV currently has access to the registration register that supports our statutory functions. We would seek continued access to the public register under the new system. We would recommend the inclusion of the following items:

- Practice Address and postcode.
- Conditions on practice, including supervision requirements and name of supervisors (this is currently included on Victorian medical registration.)

4.2 De-registered practitioners

RWAV considers that there are important issues to balance here between the right of the public and the rights of the practitioner.

We also consider that there is a difference between practitioners who have let their registration lapse voluntarily or because of death, and those who have been de-registered as a result of a Tribunal decision. In these circumstances, we consider that the public has a right to know.

For this reason, under **Proposal 4.2.1**, we would recommend either Option 3 which proposes a separate register for practitioners de-registered for conduct reasons or Option 4 where practitioners are shown on the public register with the status of de-registered for conduct reasons.

It would seem appropriate that all practitioners currently listed by existing boards as deregistered for conduct reasons could be incorporated into the new register as de-registered for conduct reasons.

4.3 Recording of conditions on practice

It is important to the protection of public safety that conditions on practice are displayed on the public register.

We would support Proposal 4.3.1 and would support the appropriate recruitment and placement of medical practitioners with specific restrictions.

4.4 Online public register

The proposal for an online register is supported.

4.5 Release of public register information

RWAV would support this approach. In the past we have receive extracts of the public register for workforce planning and program administrative purposes.

4.6 Public access to the findings of formal proceedings

RWAV supports the proposals to provide public access to findings of formal proceedings. In relation to **Proposal 4.6.2**, we would recommend Option 2 as there may be certain decisions that should remain confidential. Given clear rules and protocols, the balance of public interest and a quality improvement process can be maintained.

We would support the view that where there may be educational benefit to the profession from the publication of de-identified case studies relating to performance management or health management, the board should be able to exercise discretion to do so.

The power to remove decisions from the register of decisions when no longer relevant is also supported.

5 The privacy regime

We would support the **Proposal 5.1.1** recommendation to apply a single privacy law at a higher standard of protection.

7.1. Identifiers

We do not agree with the National Privacy Principles regarding that proposal that it would be illegal for other agencies cannot use identifiers such as the Medical Registration numbers.

As a funded agency with administrative responsibilities, we are obliged to comply with all privacy and confidentiality requirements. However, for internal purposes, a common identifier would streamline our administrative processes and the transfer of information to Agencies such as Medicare Australia. This is common practice in other countries.

7.2 Information sharing for Rural Workforce Agencies

RWAV supports the proposals for information sharing for e-health and research purposes. We also support the proposals to release information to Medicare Australia, the Department of Immigration for overseas trained practitioners and to other bodies listed.

However, we would **recommend that the regulatory and administrative roles of Agencies such as Rural Workforce Agencies be recognized in this system** and that further discussions with RWAs are conducted as to how this may be developed as part of the new system.

RWAV would be pleased to this submission if required.

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Further Information

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