

31 January 2022

Ahpra
Level 7, 111 Bourke Street
Melbourne VIC 3000

Submitted via email to: AhpraConsultation@ahpra.gov.au

Response to the Ahpra Consultation about the Draft Data Strategy

The Australian Psychological Society (APS) welcomes the opportunity to respond to the public consultation about the Ahpra *Draft Data Strategy*, and the three identified focus areas: the public register, data sharing and advanced analytics.

We have reviewed the public consultation paper and attach for your consideration our response to the consultation questions using the required Ahpra submission template.

The Australian Psychological Society (APS) is the peak body for psychology in Australia, representing more than 28,000 members nationally. In responding to the consultation questions, the APS acknowledges Ahpra's primary role is to protect the public and ensure public confidence in the safety of services provided by registered health practitioners. As per National Law, Ahpra is also required to operate in a transparent, accountable, effective and fair way and respect the privacy of an individual's data. The APS recognises the complexity that can be involved in balancing public safety and practitioner privacy and fairness considerations and take this opportunity to acknowledge the ongoing work of Ahpra staff as they work with various stakeholders to navigate these issues.

If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Kind regards,

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to this submission.

Submission template

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Do you want your responses to be published?

- ☒ Yes I want my responses to be published
- ☐ No I do not want my responses to be published

Contact details

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Organisation: Australian Psychological Society

Contact email: z.burgess@psychology.org.au

Feedback

Draft Data strategy
1. Does the draft Data strategy cover the right issues?
<ul style="list-style-type: none">As noted in the consultation paper, the 1-page <i>Draft Data Strategy</i> is “a high-level guiding framework to inform how we [Ahpra] use and share the data we collect and hold” (p. 6). The APS commends the current Statements of Intent in the strategy which establish important guiding principles to inform Ahpra data decision-making. The Statements of Intent are especially strong in making clear Ahpra’s public safety remit and Ahpra’s respect for the privacy and protection of individuals’ data.However, the objectives within the four strategic domains (regulatory efficiency and effectiveness, trust and confidence, insight generation, and shared data value) are less clear in demonstrating the Ahpra commitment to respect the privacy of practitioner data and fairness of decision-making on the basis of this data.The <i>Draft Data Strategy</i> is also lacking clearly articulated actions, accountabilities and timeframes which could limit the monitoring and evaluation of the strategy. We note the consultation paper refers to the availability of an implementation plan that will follow in due course which may contain this necessary detail.
2. Do you think that anything should be added to or removed from the draft Data strategy?
<ul style="list-style-type: none">As per the response to Question 1: the APS recommends Ahpra revise the <i>Draft Data Strategy</i> to:<ul style="list-style-type: none">More clearly reflect Ahpra’s intent to respect the privacy of practitioner data and fairness of decision-making within the domain objectives,Incorporate ongoing measurement and evaluation as an additional Statement of Intent in the strategy, andMake clear what the strategic actions, accountabilities and timeframes are, or where these are available should they not be included in the strategy.

Focus area 1: The public register

3. Do you agree with adding more information to the public register?

- If yes, what additional information do you think should be included?
- If no, please share your reasons

- The APS response to the matter of including health practitioners' disciplinary history in the public register is addressed in the next question. In this question, we respond to the suggestions in the consultation paper (p. 9) about other types of information that could be included in the public register, and that might improve usability and accessibility for various stakeholders (e.g., consumers, practitioners, researchers and employers). The issues we considered in responding to this question include the following, noting that some of these were also identified in the consultation paper:
 - Ahpra's stated primary role of public protection and public confidence in the safety of services provided by registered health practitioners and students.
 - Information that is critical for consumers who access the public register to have confidence in the safety of care provided by health practitioners.
 - Privacy and wellbeing considerations for registered health practitioners.
 - Protection of data and the potential impacts should data breaches occur.
 - Interests of other stakeholders who access the public register, such as employers and researchers.
 - The costs associated with independent verification of data that is critical to the decision for health practitioner eligibility to practice.
 - Avoiding duplication of data collection and access.
 - Considerations about how the data is maintained and by whom to ensure the reliability and timeliness of information collected and accessed.
- **The APS does not support adding information to the public register that shifts the purpose of the register from primarily a consumer safety mechanism to a consumer navigation tool** by gathering data such as practitioner areas of special interest, membership of professional associations, consumer feedback, approval to provide specified MBS-funded services, cultural safety or other training, and provision of telehealth services. This duplicates data and services that already exist.
- **The APS does not support the addition of registration history to the public register.** This could potentially cause harm to practitioners due to misinterpretation of this data in the absence of (often private) contextual information. For example, professionals with gaps in their registration history due to family or health reasons may experience discrimination from employers and consumers who could misinterpret the reasons for registration gaps.
- The APS acknowledges there may be some benefits for the public, practitioners, employers and researchers in gathering data about the preferred or professional name of practitioners or practice/names and locations. However, the extent to which this is essential information for protecting the public is unclear, as is whether this information could potentially breach the privacy of practitioners. **The APS recommends that Ahpra more deeply examine the potential benefits and harms for practitioners and various stakeholders if the preferred or professional name of practitioners or practice/names and locations data were to be routinely collected and added to the public register.**

<ul style="list-style-type: none"> • The APS recommends the following addition to the public register as critical information for the psychology profession which will help to inform health professional workforce planning and research as well as provide consumers who access the public register with up-to-date information about the professional qualifications and training of psychologists: <ul style="list-style-type: none"> ◦ Identifying psychologists engaged in the AoPE registrar program (independently verified). This data is currently unavailable. • If Ahpra intends to make more information available on the public register, the APS recommends steps be taken to ensure that information provided by practitioners can also be updated easily. At the moment, the interface for updating practitioner information is outdated and sometimes not functional, for example, once a practitioner's additional language has been added, it cannot be removed.
<p>4. Do you agree with adding health practitioners' disciplinary history to the public register?</p> <ul style="list-style-type: none"> • If yes, how much detail should be included? • If no, please share your reasons
<ul style="list-style-type: none"> • The APS does not support adding health practitioners' disciplinary history to the public register. We acknowledge that professional regulatory matters such as this often require a balance to be achieved between practitioners' rights and the public's right to know. However, to retain a practitioner's disciplinary history permanently on the public register does not align with natural justice and expectations of fairness. Such an approach would be punitive in nature rather than protective. The practitioner is either capable of seeing clients, or they are not. Continuing to show a history of disciplinary matters on a public register is likely to unfairly prejudice the public about that practitioner's ability to practice safely.
<p>5. How long should a health practitioner's disciplinary history be published on the public register?</p>
<p><input type="checkbox"/> 0 to 1 year</p> <p><input type="checkbox"/> 1 to 4 years</p> <p><input type="checkbox"/> 5 to 10 years</p> <p><input type="checkbox"/> 10 to 20 years</p> <p><input type="checkbox"/> As long as the practitioner is a registered health practitioner</p> <p><input checked="" type="checkbox"/> Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.</p> <p><input type="checkbox"/> Other, please describe: Click or tap here to enter text.</p>
<p>6. Who should be able to add additional information to the public register?</p>
<p>AHPRA and the Psychology Board of Australia</p>
<p>7. Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?</p>
<p>No comments.</p>

Focus area 2: Data sharing

8. The [Health Practitioner Regulation National Law](#) enables us to share data with some other organisations in certain situations. Do you have suggestions about how Ahpra could share data with and/or receive data from other organisations to benefit the public, practitioners and/or our regulatory work?

- The APS notes the view put forward in the consultation paper that data sharing has the potential to benefit the public, practitioners and/or our regulatory work, for example, sharing data about the health practitioner workforce lifecycle could support workforce planning.
- However, **the APS recommends a cautious approach to the expansion of data sharing for decision-making about health practitioners and the health practitioner workforce.** Ethics, lawfulness and robust governance processes must underpin Ahpra data-sharing practices. Consideration needs to be given to the reliability and timeliness of the data being shared and the potential benefits and harms when this is compromised. An initial and ongoing review of data-sharing practices and impacts will be essential.
- The pricing for the Ahpra Practitioner Information Exchange (PIE) for data sharing with professional bodies and others is high for professional bodies, including the APS, who would otherwise benefit from access to the data for policy, advocacy and workforce planning purposes. **The APS recommends that access to the PIE by non-profit professional bodies should be distinguished from access to the PIE for commercial purposes, and the pricing model should clearly differentiate this.**

Focus area 3: Advanced analytics

9. Do you have any suggestions about how Ahpra should approach using advanced analytics and machine learning technologies?

- The APS notes the view put forward in the consultation paper that advanced analytics (AI) and machine learning (ML) technologies offer tools that could potentially improve the efficiency of Ahpra's regulatory responses, including triaging complaints. Our members often report to us about complex and lengthy Ahpra administrative and complaints processes and we welcome efforts that seek to address this and improve efficiencies.
- However, **the APS recommends a cautious approach to the implementation of AI/ML technologies.** While we welcome the *Draft Data Strategy* Statement of intent that Ahpra "regulatory decisions are made by humans supported by data" and the associated objectives in the strategy, the implementation must be driven by ethical and robust governance processes that acknowledge the limitations and potential harms associated with these technologies (e.g., implicit bias embedded into algorithms or tools such as language analysis).
- **The APS advocates for the creation of an independent advanced analytics oversight panel,** including representatives drawn from Ahpra-regulated professions, data scientists, health ethicists and other experts, to review and provide guidance on the use and scope of AI/ML or other algorithmic approaches to decision-making. In particular, we note the contribution of contemporary psychological science and research to the evolving field of algorithmic decision-making, particularly in relation to bias, perceptions of justice and impacts on behaviour. **We recommend that Ahpra's approach to advance analytics be informed, through the panel or otherwise, by psychological evidence with ongoing review of the appropriateness of these tools for supporting human-led decision-making.**

Other
10. Please describe anything else Ahpra should consider in developing the Data strategy.
No comments.