

17 December 2012

Our ref: 180512-AHPRA-NM

Ms Helen Townley
Executive Officer Policy
Australian Health Practitioner Regulation Agency (AHPRA)

Via email to helen.townley@ahpra.gov.au

Dear Ms Townley,

Re: AHPRA National Registration and Accreditation Scheme 'Data Access and Research Policy'

I am writing with regard to the National Registration and Accreditation Scheme *Data access and research policy*. The opportunity to comment on the development of this policy is appreciated.

The APA acknowledges that access to personal and clinical practice information held by AHPRA may prove valuable for research, policy formation and workforce planning. The APA commends AHPRA on the development of such a comprehensive policy that incorporates relevant ethical considerations and guiding legal provisions of the *Privacy Act 1988* (Cth).

The APA would like to make the following comments with regard to the draft *Data access and research policy*:

1. The APA strongly supports that where a request involves disclosure or use of personal information, such a request for access to data or participation in research must be determined in accordance with the *Privacy Act 1988* (Cth).

The APA strongly believes that the privacy of the registrant and access to personal information should be protected and made available for research purposes only where it could be established that such information is in the public interest or furthers the development of valuable research.

The privacy provisions specify that AHPRA must enter into a confidentiality agreement that will identify the information to be disclosed, to whom the information will be disclosed and the reason for disclosure. The APA supports that privacy considerations should be balanced against the rigour and validity of the proposed research project and methodology.

2. The APA supports that access to data should be restricted to the researchers named on the approved research plan and overseen by a data custodian. The APA upholds that all persons who work with or have contact with research data should sign confidentiality/privacy agreements.

Under the proposed Scheme, the General Counsel of AHPRA will determine requests for data access against privacy, confidentiality and intellectual property considerations.

The APA upholds that the right to access information should not impair the right of a health practitioner to have personal data treated with confidentiality. The APA supports access to practitioner records, as long as informed consent is sought from the registrants whose personal information will be accessed.

3. The APA recognises that the National Boards and AHPRA should be able to undertake research, *cooperatively* or *in partnership* with educational bodies and professional associations, as long as the research is related to one of the Board's regulatory functions. The APA acknowledges that research topics, such as re-entry to practice barriers and English language skills required for safe practice, constitute valid research considerations for the Board.

The APA contends that involvement in research on new interventions, treatments and forms of practice are potentially related to regulatory functions and should be within the scope of the Board's functions.

4. The APA upholds that ethical considerations concerning data access are primary and supports that researchers should submit a summary application to identify any ethical considerations involved before seeking ethics approval.

The APA understands that a Data Access and Research Committee (DARC) will be set up to provide advice and recommendations to the National Board and AHPRA, who will jointly make the final decision.

The APA supports that research proposals should be assessed and filtered by the DARC and Human Research Ethics Committee (HREC) for ethical considerations. The APA supports access to practitioner data for research and policy formation purposes, as long as the data is de-identified to protect the privacy and identity of the individual registrant.

Regarding access to data that is not de-identified (such as practitioner names, e-mail addresses or postal addresses), the APA supports access to such data for the purposes of undertaking mail-outs and distributing surveys.

5. The APA supports the establishment of AHPRA governance structures that are founded on the principles of transparency and accountability.

The APA considers that the proposed policy should also include a dispute resolution process to investigate alleged privacy breaches. A clear and timely means of resolving access to information disputes should be implemented. It is important that persons with privacy concerns have straightforward access to a complaint resolution process to protect the integrity and transparency of data access.

Data collection and research into key national challenges

Australia's ageing population

The APA submits that there are several current and future challenges facing the Australian workforce. Australia is currently grappling with an ageing workforce. A central challenge is to maintain the health and work capacity of an ageing population and to assist older workers to adapt to changing work conditions.

The APA submits that physiotherapists have a range of skills that can help improve mobility for older persons and reduce the risk of falls in the frail elderly, thus promoting independence and increasing quality of life.

At present however, the provision of physiotherapy services is limited by several factors. These include the number of visits that are funded (e.g CDM [Chronic Disease Management] items, private health insurance), restricted access to physiotherapy available through ambulatory care services, waiting lists, and a limited supply of physiotherapists in rural and remote areas¹. Physiotherapists working in aged care community settings are commonly more isolated, have less access to specific professional development and less supervision².

Data collection centred on servicing elderly Australians could assist in formulating health reform options to secure a larger, more appropriately trained and more flexible aged care workforce in the future.

Servicing Australia's rural and remote communities and indigenous health

Persons living in remote and rural areas face unique health problems, including a significantly higher incidence of preventable hospitalisations for chronic conditions³. Lifestyle-related illnesses are more common in rural areas, including high stress levels, alcohol and tobacco consumption and poor nutrition. Such problems are often attributed to a "too tough to care" outlook on life. An attitude of hardiness is also thought to contribute to a higher acceptance of occupational injury and disease, combined with the fact that rural jobs such as farming, timber work and mining carry significant dangers⁴.

There are fewer physiotherapists per head of population in rural and remote areas, and they often service more than one town or geographic area. There are several disincentives to practice for rural practitioners including a lack of clear career progression, isolation, lack of professional and peer support, poorer remuneration and lengthy travel times if the physiotherapist does not live close to the town they service⁵.

An associated problem in rural and remote communities is that many Aboriginal and Torres Strait Islander peoples who reside in such areas have little access to culturally appropriate health services. There is currently no financial incentive for a physiotherapist in a rural area to invest resources in the development of cultural competencies required to work safely and effectively with indigenous and Torres Strait Islander clients⁶. The under-representation of indigenous health workers is a major problem because indigenous Australians have significant health issues and high mortality rates – problems that are unable to be addressed early and/or prevented due to the shortage in rural health professionals.

Hospitalisation rates for indigenous people are significantly higher than for non-indigenous Australians. Indigenous Australians are being admitted to hospital for treatment of chronic diseases such as diabetes which could, and should, be treated within a primary health care setting. A central problem contributing to continued ill health is that Aboriginals have lower levels of access to the MBS and PBS programs because of a shortage in GPs and other health workers in rural and remote areas⁷.

The APA submits that data collected from health practitioners on rural and remote health practices and trends could help to facilitate reform of mainstream health services, so that such services could better respond to the needs of rural communities. Current problems with the provision of health services in rural and remote areas need to be addressed through significant funding initiatives for the PBS, rehabilitation services and access to specialist health care.

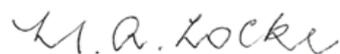
The APA considers that data sets need to incorporate health information relevant to health status, such as socio-economic, occupational and health service availability. Data on the specific training and qualifications of health professionals, including cross-cultural training to enable provision of indigenous health interventions, as well as practitioner transportation trends could assist various government and industry bodies to develop health services and allocate resources based on that information.

The APA believes that a wider range of data would facilitate the development of model health plans as recommended in the 2011 National Strategic Framework for Rural and Remote Health.

Once again, thank you for the opportunity to comment on the draft policy. The APA would be pleased to remain engaged in any further developments and would welcome future consultations regarding the proposed collection, storage and use of health data and associated research frameworks.

Should you have any enquiries, feel free to contact Jonathon Kruger, General Manager, Advocacy and International Relations Division, at jonathon.kruger@physiotherapy.asn.au or phone (03) 9092 0808.

Yours faithfully,



Melissa Locke
President

¹ Australian Physiotherapy Association. (2010). Submission to the Caring for Older Australians Inquiry. Available at http://www.physiotherapy.asn.au/images/Document_Library/Submissions/submission%20aged%20care%20productivity%20commission.pdf

² Gregory, A. (2006). The neglect of physiotherapy skills in aged care. *Australian Journal of Physiotherapy* 52 (3): 232

³ Australian Institute of Health and Welfare. (2010). Australia's Health 2010. *Australia's Health Series* no.12.Cat.no. AUS 122. Canberra: AIHW

⁴ Australian Rural Health Research Institute. (1995). Dabbling With Data: Morbidity and Mortality in Rural Australia Part 1. Available at http://nrha.ruralhealth.org.au/conferences/docs/PAPERS/3_ROGSTR.pdf

⁵ Williams E, D'Amore W, MecMeeken J. (2007). Physiotherapy in rural and regional Australia. *The Australian Journal of Rural Health*, Vol15, Iss6, pp380-386

⁶ Australian Physiotherapy Association. (2011). Submission on the factors affecting the supply of health services and medical professionals in rural areas. Available at http://www.physiotherapy.asn.au/images/Document_Library/Submissions/the%20factors%20affecting%20the%20supply%20of%20health%20services%20and%20medical%20professionals%20in%20rural%20areas.pdf

⁷ Rural Health Workforce Australia. (2007). *Indigenous health workforce policy: a background paper*. Available at http://www.rhwa.org.au/client_images/528383.pdf