



a healthier world through
sonographer expertise

Monday, 16 January 2023

Australian Health Practitioner Regulation Agency
Level 7, 111 Bourke Street
Melbourne VIC 3000

Submitted via email AhpraConsultation@ahpra.gov.au

Dear Sir/Madam,

AHPRA Consultation on the draft Data Strategy

Thank you for the opportunity to provide feedback to the consultation on the draft AHPRA Data Strategy.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. With over 7,000 members, and representing more than 70% of Australasia's sonographers, the ASA's purpose is to foster a sonography profession that delivers high quality ultrasound with a vision to create a healthier world through sonographer expertise.

Sonographers are highly skilled health professionals who are strategically involved at the initial diagnostic stages of patient care and perform the majority of comprehensive medical diagnostic ultrasound examinations, which is the most utilised diagnostic imaging modality in Australia.

Unlike other diagnostic imaging professionals, sonographers are not currently regulated, meaning there are no nationally enforceable standards of practice that set the minimum expectations of ultrasound examinations performed by sonographers in Australia, or recency of practice requirements protecting the public and preventing harm. The ASA is advocating the inclusion of sonographers under AHPRA's Medical Radiation Practice Board.

The ASA, through its Sonographer Policy and Advisory Committee, has considered the Consultation, and has provided feedback and recommendations below.

Thank you for the opportunity to provide input into this Consultation. The ASA would be pleased to be involved in further discussions about this important work.

If you have any questions or require additional information, please contact Slade Carter, General Manager, Policy and Advocacy, at policy@sonographers.org or (03) 9552 0000.

Yours sincerely,

Ian Schroen

President
Australasian Sonographers Association



AHPRA Consultation on the draft Data Strategy Australasian Sonographers Association: Feedback and recommendations

General comments on the consultation

- In principle, the ASA supports the need to ensure public safety.
- The ASA also supports the principle of not placing an unfair or unnecessary burden on health practitioners. This includes ensuring privacy, highlighting issues of relevance to the public for the period to which they relate, ensuring the 'system' is quick and easy to use, current and accurate, and not overly expensive.
- For the inclusion of additional information on practitioners, such as memberships and languages spoken, consideration should be given to the benefits versus the costs, as well as the delegation of responsibility to update this information, ensure that it is current and valid, and the audit tools and procedures to verify the information.
- For any data included, consideration should be given to what is helpful to the employer, and only data that is relevant and helpful should be made public.
- The ASA questions whether the average member of the public will visit the AHPRA site to access information about practitioners; therefore, adding information for their benefit should be weighed against whether it will be widely used.
- The ASA supports uses of data that boosts industry excellence and development, including:
 - Data that supports workforce planning and assists in workforce mobility
 - Data that identifies possible future risks that may be minimised if identified early and used to promote industry wide education, systems and processes.

Responses to specific consultation questions

Draft Data strategy
1. Does the draft Data strategy cover the right issues?
Yes.
2. Do you think that anything should be added to or removed from the draft Data strategy?
<p>There is one item in point 29 on page 9 that the ASA believes should not be included in the Data Strategy: consumer generated information (consumer feedback). Discussed further in response to Question 3.</p> <p>There are two items in point 29 on page 9 that the ASA believes should only be included in certain circumstances; end dates for suspensions, conditions or undertakings and regulatory action history (discussed further in response to question 5).</p>
Focus area 1: The public register
3. Do you agree with adding more information to the public register?
<p>If yes, what additional information do you think should be included? If no, please share your reasons</p>
<p>Yes and no.</p> <p><u>Information that should not be included:</u></p> <p>Consumer generated information/feedback that raise low-level issues (such as practitioner rudeness, poor information or long waiting times at medical centres) should not be included on the register. Complaints that raise matters concerning a potentially significant issue to public health or safety, significant departures from clinical treatment and professional conduct standards and/or are grounds for disciplinary action should not be published <i>until an investigation has been completed</i>.</p> <p><u>Sonographers should be regulated under NRAS</u></p> <p>Currently only 25% of sonographers are regulated under the National Registration and Accreditation Scheme (NRAS), through the Medical Radiation Practice Board of Australia (MRPBA), as they are also registered medical radiation practitioners. Therefore, 75% of sonographers are not regulated, meaning there are no nationally enforceable standards of practice that set the minimum expectations of ultrasound examinations performed by sonographers in Australia, or recency of practice requirements that would help protect the public and prevent harm. For the AHPRA Data Strategy, it also means that data concerning sonographers cannot be searched for by employers or the public. Sonographers as a profession (not just those registered as radiographers) need to be regulated and added to the registry as a matter of urgency</p> <p><u>Information that could be included:</u></p> <p>More information could be added at the discretion of the health professional, such as languages other than English spoken, cultural skills or additional qualifications, which could be helpful for</p>

employers, or members of the public seeking practitioners with specific clinical, linguistic or cultural skills.

4. Do you agree with adding health practitioners' disciplinary history to the public register?

If yes, how much detail should be included?
If no, please share your reasons

Yes, however, only *current* (not historic) disciplinary sanctions and expected end dates for current disciplinary actions (e.g., cancellations, disqualifications, reprimand, cautions, suspensions, and/or conditions set by a tribunal) should be on the public register.

Disclosure of past/historic disciplinary action could be a problem for the health professional seeking employment. Once an issue has been properly dealt with, this data should no longer be available on a public search, unless there are ongoing sanctions in place which need to be known.

5. How long should a health practitioner's disciplinary history be published on the public register?

0 to 1 year

1 to 4 years

5 to 10 years

10 to 20 years

As long as the practitioner is a registered health practitioner

Disciplinary history should not be published on the public register. Only current conditions or limits on practise should be published on the public register.

Other, please describe: Disciplinary sanctions should remain on the public register until the regulatory action has expired/is spend AND/OR a reinstatement order is granted AND an application to AHPRA for re-registration is successfully completed. At which point the disciplinary history (including the end dates) should be removed from the public register to allow the practitioner to return to safe practice.

6. Who should be able to add additional information to the public register?

Only AHPRA should be allowed to enter information on the public register. There are other platforms (e.g., LinkedIn) for registered practitioners to promote the services they provide (telehealth, cultural safety, practice names/locations). There are also platforms (e.g., Google reviews) for consumers to leave feedback.

7. Are there other ways to enhance the effectiveness and value of the public register for the public and/or practitioners?

No comments.

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?

No comments.

Focus area 3: Advanced analytics

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

Big picture analytics and machine learning can be very useful, particularly for triaging risk, and is the way forward for future data analysis and management. However, humans should always oversee the final decisions, especially when the livelihood and future career of a health professional is at risk.

Other

10. Please describe anything else Ahpra should consider in developing the Data strategy.

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