



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

AHPRA's multi-professional practitioner data

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September 2014

We've come a long way

“ Diversity in these state-based systems leads to variations in standards across the country, results in administrative duplication and can impede the movement of health workers across jurisdictions (notwithstanding the operation of mutual recognition). Reflecting such costs, agreement has been reached to introduce nationally consistent registration arrangements for the medical profession.”



COAG Agreement 2008

Early priorities have been focused on establishing core infrastructure and process

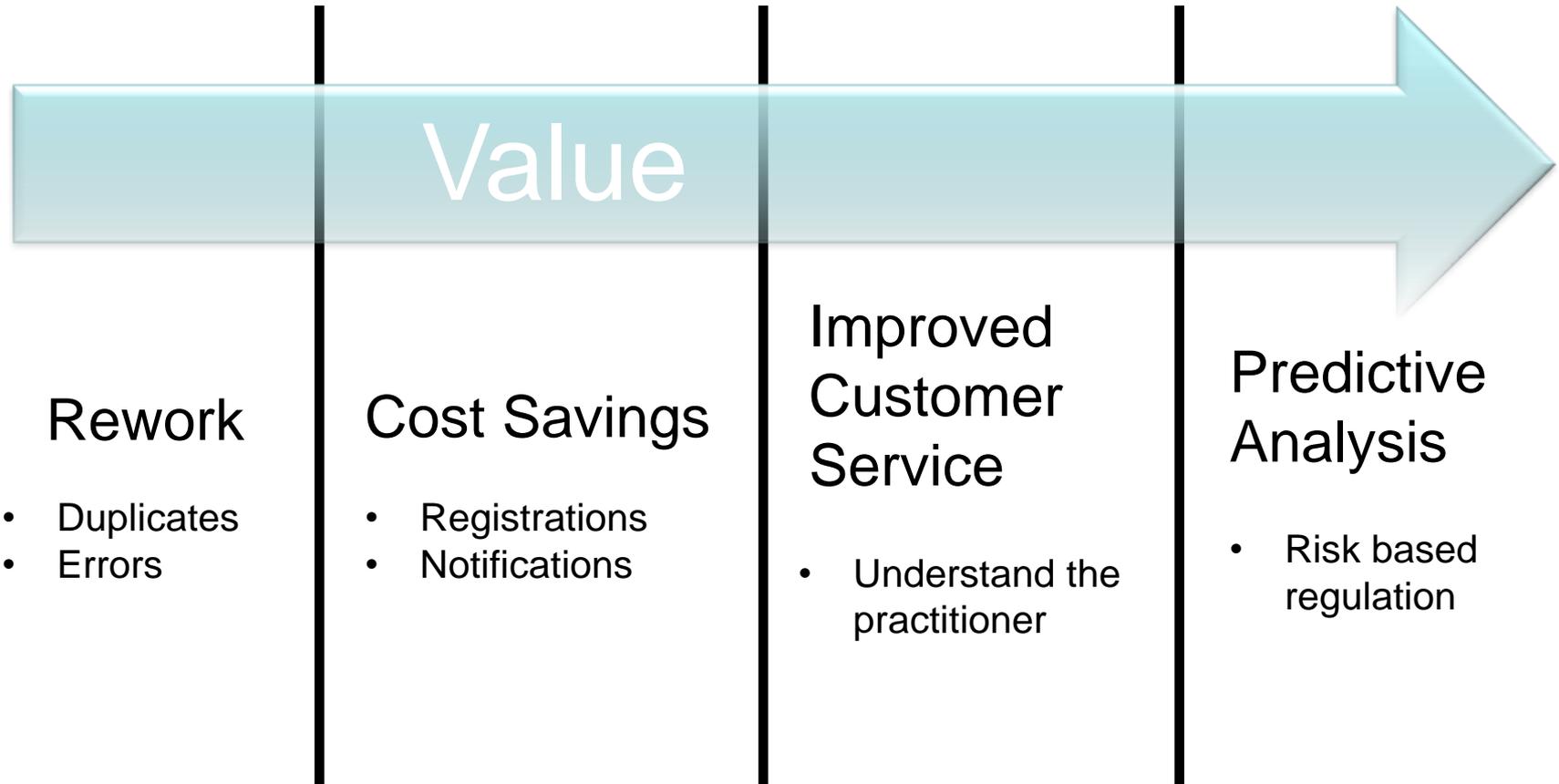
Assessment: EIM Framework Current level of maturity

As of 30 November 2012

Establish, Set, Maintain Direction			Run the machinery		Provide the right information	
Governance	Data Strategy	Data Quality	Architecture	Database	Data warehouse	Reporting (& Business Intelligence)
3	1	1	1	2	3	1
3	1	1	1	3	3	3
3	1	1	3	3	3	1
1	1	1	3	2	3	1
3	3	3	3	3	3	1
3	1	1	2	3	1	1
3	1	1	3			1
	3		1			

- 1 Poor – EIM controls and processes executed in an ad-hoc manner in response to adverse events
- 2 Somewhat Adequate – EIM controls and processes are undocumented, but are repeatable under pressure
- 3 Satisfactory – EIM controls and processes are documented and embedded into standard operating procedures
- 4 Good – EIM controls and processes are actively managed and measured or audited
- 5 Best Practice – EIM controls and processes that are subject to continuous improvement based on effectiveness metrics and industry best practice

Practitioner Information

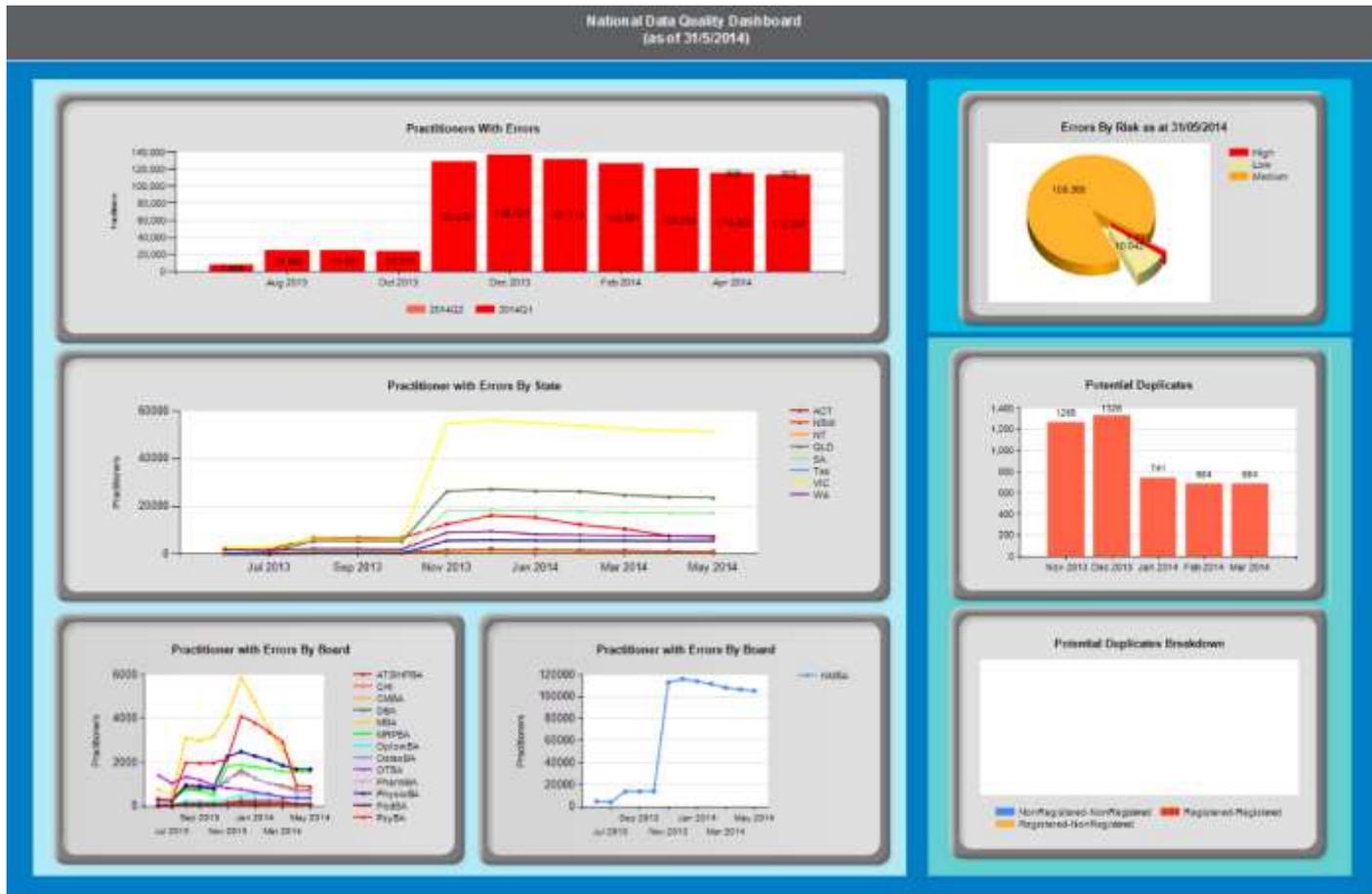


What we did about it

- August 2012 – Dedicated IM Team. DQ from March 2013
- Data governance – Data Working Group, IM in decision making
- IM Principles
- Gold Fields
- Business intelligence – Data warehouse / SSRS
- Data strategy – Defining data assets, ownership, data modelling

Whole of enterprise approach taken.....

Data Quality Dashboard – 31 May 2014



Conversation moved from concerns with AHPRA data to what good stuff can we do with your data?

Data Exchange – Case Study Success

“Enhancing and accelerating Epworth’s credentialing process has raised the bar for quality and boosted confidence levels across the organisation. IT allows doctors to take control of their own accreditation and the effect has been so positive that Epworth would be happy to talk to other customers about the OBS solution.”

By harnessing the power of information and the latest technology Epworth is building a better health service. The solution developed for Epworth has significant potential to be replicated at other health organisations in Australia and New Zealand.

The screenshot shows the Epworth website's news section. At the top is the Epworth logo and navigation menu. The main headline is "Prestigious award for Epworth pilot program". Below it is a breadcrumb trail: "Home > About Us > News > Prestigious award for Epworth pilot program". The article is dated "20 November 2013". The text describes how Dr Paul Eleftheriou, Epworth Medical Administration Registrar, was named the 2013 recipient of the Margaret Tobin Challenge Award by the Royal Australasian College of Medical Administrators (RACMA). It details the award's history and the challenges of the old accreditation system. A photo of Dr Eleftheriou is included. The article concludes by stating that the new system, OBS, developed with SharePoint technology, has improved the workflow and reduced accreditation and reference checking from weeks to days. A sidebar on the right contains utility links like "Find a doctor", "Support Epworth", and "Quick Links".

Epworth

Content | Doctors

For patients and visitors ▾ For health professionals ▾ Teaching and research ▾

Prestigious award for Epworth pilot program

Home > About Us > News > Prestigious award for Epworth pilot program

20 November 2013

Epworth Medical Administration Registrar Dr Paul Eleftheriou has been named by the Royal Australasian College of Medical Administrators (RACMA), as the 2013 recipient of the prestigious Margaret Tobin Challenge Award.

The Challenge was renamed in December 2002 to honour the contribution to RACMA by the late Dr Margaret Tobin, South Australia's mental health chief reformer who was killed at work, in October that year.

Dr Eleftheriou, who has previously trained in surgery and medical education, was recognised for his contribution to the practice of medical administration through improving medical accreditation processes at Epworth. This is undertaken with a data management system that manages credentialing of doctors in a program that could revolutionise professional governance in hospitals.

Dr Eleftheriou said the new system – currently named the 'Medical Services DataBase' (MSDB) – demonstrates the difference between 20th and 21st Century thinking as it saves time, space and money.

"Together with Sharepoint technology specialists OBS, Epworth developed an automated online system that updates information daily, compared with the old system which required three accreditation staff and a RACMA registrar handling multiple confusing Excel spreadsheets and thousands of medical practitioner paper files", Dr Eleftheriou said.

Initially scoped by Epworth Business Analyst David Salter, the new system ensures compliance with Scope of Clinical Practice policies, providing a way to validate the professional practice of an individual doctor at any time.

"Epworth has not just changed the system but improved the workflow at the same time. The time needed for accreditation and reference checking has been reduced from weeks to days. A linked web service piloted with the Australian Health Practitioner Regulation Agency (AHPRA) conducts a daily update on our medical practitioners and signals an immediate alert regarding any changes instituted by AHPRA and the Medical Board."

Find a doctor
Support Epworth
Careers
On social media

I want to ...

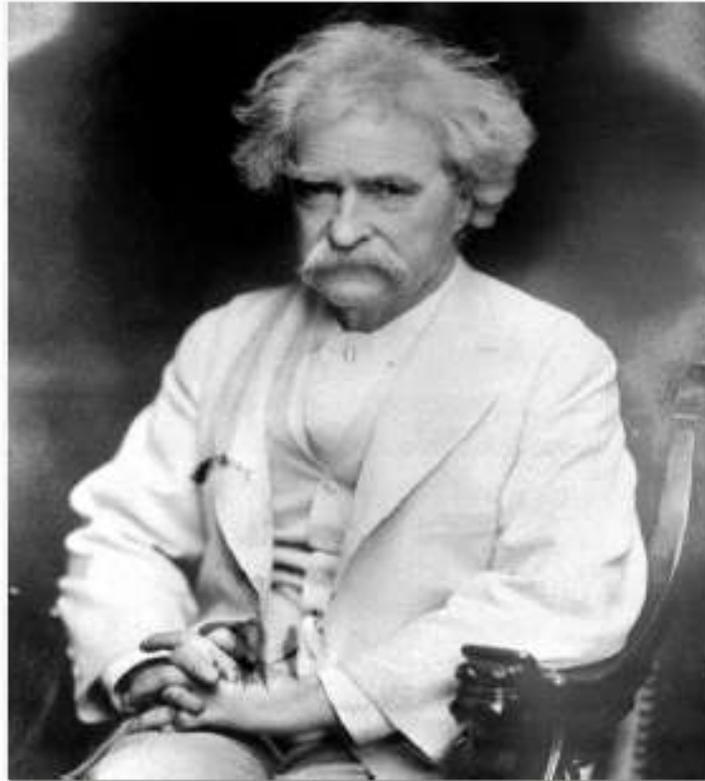
Quick Links

- News
- Events
- Our services
- My hospitals

Share this page

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AHPRA
Australian Health Practitioner Regulation Agency



Get the basics right

(Capture data well)



Evidence base for research and policy

(Capture the right data)

**“Get your facts first,
then you can distort
them as you please.”**

***Make available for beneficial research
and policy advice....***



Allograft and Tissue Bank
Audiology
Chiropractic
Chiropractic
Dentistry
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

NRAS Vision:

A competent and flexible health workforce that meets the current and future health needs of the Australian community

Data Access and Research Program:

To **reduce harm** to the public and **facilitate safe workforce reform** by increasing the use of data and research to inform policy and regulatory decision-making.

NRAS Data and Research Program

Domains

- Effectively governing access to data generated by the scheme
- Supporting external collaboration on regulatory research
- Building organisational capacity for analysis
- Conducting or supporting high value regulatory research and analysis, to provide an empirical base for regulation

1. Effectively govern access to NRAS data

- Implement the DARC policy to maximise appropriate access to data while managing risks to privacy and minimising burden on practitioners.
- Ensure that regulatory data is released under appropriate conditions and that the public value of the data asset is maximised
- Work with key partners to develop value and use of National Statistical Resource
- Develop procedures and forms to ensure that all releases comply with National law and Privacy Act

DARC Policy and Privacy Law

- The new privacy arrangements emphasise the need to be clear about the primary purpose for which data is collected. Data access requests must be considered with reference to primary purpose.
- The DARC Committee has agreed that ‘primary purpose’ should be interpreted as the object of the National Law: to establish a scheme for the regulation of health professionals, with reference to the objectives and guiding principles and the functions of the various entities.

Nature of data access requests 2013

1. Distribution to practitioners through the secure mailing house (including for research/surveys)
2. Inspection/copy of register
3. Quantitative statistics (registration, notification)
4. Disclosure to other Commonwealth, State and Territory entities

Applicants are often referred to more appropriate sources

2. Support external collaboration on regulatory research

- Includes consultation on the NRAS Research Framework and draft priorities, identification of important gaps in regulatory knowledge base.
- Engaging stakeholders on regulatory research and actively collaborating on evidence-based regulation projects.
- Ultimately, the aim is to generate more, better targeted regulatory research.

Priority research topics for NRAS

Strategic data workshop August 2013 identified the following draft research priorities:

- How to identify high risk professionals?
- Methodologies to measure relative risk across professions
- Evaluating effectiveness of regulatory interventions
- Evaluating accreditation, training and supervision
- What is the appropriate role of regulation in enabling workforce reform?
- Impacts of 'workforce flexibility'

3. Build organisational capacity for analysis

- As well as working with researchers, AHPRA is building its own capability to meet the expectations of boards and stakeholders for high quality analysis.
- We aim to tangibly increase the use of research evidence and analysis in regulatory advice
- Currently participating in a project with the Australasian Cochrane Centre and the Sax Institute to validate a tool to evaluate organisational capacity to apply evidence based approaches
- This will establish a benchmark and help inform our training and support strategies

4. Deliver high value regulatory research and analysis to support regulatory options

- Use quantitative analysis and research to identify specific risks and problems and develop advice on appropriate regulatory options (Malcolm Sparrow)
- Select one or more demonstration initiatives for implementation in 2014-2016 that:
 - Have potential to measurably reduce harms to recipients of care
 - Are wholly or partly amenable to regulatory intervention
 - Present a reasonable prospect of success

Examples of current and proposed data analysis:

- Encourage the use of the NHWDS by National Boards and produce customised analyses for individual boards
- Analyse AHPRA's notifications data to inform risk-based regulation and policy
- Explore potential data linkage pilots with AIHW and other partners
- Conduct profession specific surveys and qualitative research
- Develop our statistical infrastructure to support research

Potential workforce topics from a National Board perspective: varies by profession

- Improving access to under-served populations, older people, chronic conditions, Aboriginal and Torres Strait Islanders, rural and remote communities
- Practitioner choice re scope of practice and its relationship to access
- Preferred geographical location and its relationship to access
- Career leakage amongst younger practitioners
- Impacts of feminisation and age of the workforce
- Ensuring adequate supply of senior and experienced staff to assist in training, mentoring and supervision of less experienced practitioners
- Assessment of overseas qualified practitioners and the relationship between recruitment and retention.

How can you access NRAS data?

- National Health Workforce Dataset and Health Workforce Survey Data through the AIHW and National Statistical Resource
- Other de-identified data in accordance with AHPRA's Data Access and Research Policy, available via our website <http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Data-access-and-research.aspx>

Comments, questions?

