

**Queensland Catholic Education Commission**

Level 1, 143 Edward Street, Brisbane Qld 4000

GPO Box 2441, Brisbane Qld 4001

Ph +61 7 3316 5800 Fax +61 7 3316 5880

email: ed@qcec.catholic.edu.au

www.qcec.catholic.edu.au

ABN: 57 525 935 419

Submission on Health and Other Legislation Amendment Bill 2016: Proposed amendments to the *Public Health Act 2005*

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INTRODUCTION

The Queensland Catholic Education Commission (QCEC) provides this submission on the Health and Other Legislation Amendment Bill 2016 (the Bill), with particular focus on sections of the proposed amendments to the Public Health Act 2005 related to provision of student information.

QCEC is the peak strategic body with state-wide responsibilities for Catholic schooling in Queensland. This submission is provided on behalf of the five Diocesan Catholic school authorities and 17 Religious Institutes and other incorporated bodies which, between them, operate a total of 300 Catholic schools that educate almost 147,000 students in Queensland. Those students, their parents and carers and broader school community are potentially all affected by some of the proposed amendments to the Public Health Act 2005 (the Public Health Act). It is assumed that separate consultation will be undertaken with parent representatives.

Amendments to the *Public Health Act 2005* Part 4 Section 213, enabling schools to share student information with school immunisation and oral health service providers to improve the uptake of the School Immunisation Program and the School Dental Program are of particular interest to Catholic school authorities and Catholic schools and form the focus of this submission.

This response has been informed by consultation among Catholic school authorities, QCEC and Department of Health officers. It is important to note that QCEC does not own or operate Catholic schools and has no direct jurisdiction over Catholic schools, staff or students; that role sits firmly with the Catholic school authorities.

CONSULTATION PROCESS

Initial discussion on the proposed amendments to the *Public Health Act 2005* occurred with the Director Legislative Policy, Queensland Department of Health, and non-government schools representatives on 20 May 2016. QCEC was unable to provide support for the proposed amendments regarding access to the personal information of students Catholic schools in Queensland without appropriate consultation with the Catholic school authorities that administer schools.

Consultation was facilitated thereafter among Queensland Department of Health officers, QCEC and Catholic school authority representatives on 12 July 2016. This consultation considered:

- Background on the need for the proposed amendment
- How disclosure requirements would work in practice
- Proposed resources to support schools in implementation

The issues have thus been broadly canvassed across Catholic school authorities to inform this response.

RESPONSE TO THE PROPOSED AMENDMENT

Background and purpose of the proposed amendment

QCEC acknowledges the purpose and intent of the proposed amendments in relation to information sharing. QCEC is highly supportive of efforts to improve the immunisation rate across the Australian population in general and in students in schools especially. QCEC also supports optimum use of dental health facilities to bring maximum benefits to those students most in need of the service. Nonetheless it is noted that this proposed amendment places an administrative burden on schools and there are practical implications in the proposed amendments that require due consideration for schools. These issues are elaborated below.

Privacy and confidentiality

It is understood that the proposed amendment allows an immunisation or dental provider to request student information, and that if requested, the principal must disclose the information within a reasonable period. This will raise with schools issues of confidentiality and privacy provisions in sharing personal data and information with an external agency.

The Catholic education sector is highly conscious of the need for compliance with privacy principles and the *restrictions on sharing confidential information*. As non-government entities, Catholic schools must comply with both State and Commonwealth privacy legislation and there is due caution in sharing information unless adequate safeguards around its use and transfer are ensured.

Catholic school authorities and schools generally base their Privacy Policies around the Non Government Schools Privacy Compliance Manual¹ and while it is evident that a school may disclose personal information where it is required by law, it would also be important for schools to take reasonable steps to ensure parents (or independent students) are fully aware that such disclosure of

¹ Sample Privacy Policy:

Who might the School disclose personal information to and store your information with? The School may disclose personal information, including sensitive information, held about an individual to

- another school; • government departments; • medical practitioners;
- people providing services to the School, including specialist visiting teachers, counsellors and sports coaches;
- recipients of School publications, such as newsletters and magazines;
- Parents; • anyone you authorise the School to disclose information to; and
- anyone to whom we are required to disclose the information to by law

9.9.6 Taking 'reasonable steps' to inform an individual about usual disclosures would ordinarily mean either giving general descriptions of sets of people and entities to whom the information may be disclosed (for example, State Government educational authorities and other schools) or listing each member of the set.

student and parent information to health providers may occur. This will require understanding of the legislation and assurances that appropriate privacy protocols are in place, with a lead in time for schools to provide notification to parents.

QCEC would recommend that, if the amendments are adopted, the Department of Health pursue a media and communication strategy to make parents aware of the avenues of information exchange from schools to health providers, backed up by information on the benefits of accessing health service providers. A similar strategy would be helpful for school principals and staff in understanding the legislative requirements, the privacy protocols in place and potential benefits of providing what they may well see as confidential information to third party providers.

The proposed phased implementation is supported to enable necessary preparation and communication.

This preparation would include:

- clear guidelines to ensure security of data
- regulations, protocols and advice to Health Services providers and schools to ensure privacy in transfer, storage and use of information
- consideration of the number and range of health service providers and schools who will be exchanging information
- media and communication materials that clearly explain the need and benefits for the exchange of personal information to parents, school staff and the wider school community

Provision of information by schools

It is noted that schools are bearing an increased administrative burden in assisting health service providers to improve the uptake of the school immunisation and school dental programs. This strategy must be part of a broader community agenda and responsibility to improve immunisation and dental care across the nation.

It is understood that the prescribed information to be disclosed would include: name and date of birth of student; name, telephone number, email address and postal address of parent/guardian; and other information as prescribed by regulation (gender, class group, language spoken at home and Indigenous status). It is further understood that the information would be provided by the school directly to the individual health provider for that school and the data may be exchanged in any form, presumably electronically or hard copy. QCEC raises two issues for considerations: the volume of data to be provided and the resultant impost that places on schools; the proposed security and practicality around mechanisms for data exchange.

i. Volume of data to be collected and potential impost on schools

At least nine items (or columns) of data are required on each student under this proposed amendment. It is unclear whether the data exchange is a one-off, annual exchange or whether data will require updating as students enter or leave the school or parental address and details change. The production of such data by schools (whatever the mechanism of exchange employed) will require school systems to be set up in a way that facilitates extraction for purposes of reporting to health service providers. It must be recognised that the information exchange forms an impost on schools.

Consideration is required as to whether all of the above data is actually required and will be used or whether some of the data may not be necessary.

Clarification is sought on the frequency of data exchange. It would be an unreasonable expectation to require schools to provide information more than once annually.

ii. Mechanisms for data exchange

It is recommended that serious consideration be given to the mechanism by which data is exchanged. Whilst the option to provide data in any form is appreciated in giving schools various mechanisms for complying, the practicalities of manually cross checking student details against parent consent forms could become onerous in the extreme for health providers. This would clearly be a task of the health provider and not the school.

Ultimately, if the information is to be exchanged it would seem more efficient in the longer term to do so electronically. Again there would be a number of provisos here:

- if data is to be provided electronically by email, it is recommended that a secure email system is put in place to ensure security of the emailed data
- assurance would be required to show reasonable steps undertaken to prevent information privacy breaches as identified in the Queensland Health privacy impact assessment
- there is no central repository of student data within QCEC and, unlike State Schooling, data for each school could not be drawn down centrally for exchange
- different Catholic school authorities maintain different student management systems and each will have to be configured to produce the data as required by health services
- ideally Queensland Health would provide a secure platform onto which schools could load data for access by relevant health providers² in accordance with relevant privacy legislation
- within the education sector, Ministers have made agreements on interoperability standards to enable effective exchange of data from different sources and programs. Agreed industry interoperability standards would help facilitate electronic data exchange between schools, education authorities, Department of Health and health providers
- the Systems Interoperability Framework is a technical blueprint enabling sharing of data in the education administrative environment; this framework may be helpful in developing aligned systems of data for electronic exchange.

Time frame for information exchange

The amendment proposes that if requested, the principal must disclose information within a reasonable period. It is unclear what might be considered a 'reasonable period' of time in which the principal is expected to provide the information for the school health provider (Section 213 AD (2)) and it is recommended that any related regulations provide detail in this respect. It would be important in determining the 'reasonable period' that health service providers be cognisant of the school year calendar and those periods such as school holidays when schools may not have capacity to respond for an extended period of time.

² The closest parallel to this health information collection for Catholic schools would be Queensland Curriculum and Assessment Authority (QCAA) platform for gathering student and parent data related to NAPLAN testing.

Exemptions from reporting

Section 213 AD (3) enables a principal to refuse to disclose any information about the student if they feel it is not in the best interest of the student. Again it would be helpful if any related regulations spell out more clearly what might constitute examples of "best interests of the student".

It is noted that the principal must provide information on the number of students whose details have been withheld. It is assumed there would be no further follow up on these students and families.

NOTES WITH RESPECT TO SCHOOL DENTAL SERVICES


It was noted in consultation that between 160,000 and 170,000 young people, Prep to age 17, attended school dental services each year and that there was capacity to service many more students than this. There are very approximately, 55,000 students in each year level cohort across Queensland schools so more than 500,000 students could potentially access this service. QCEC suggests that some targeting may be required to ensure that those students who are most disadvantaged and most in need of dental services are prioritised. If the expectation that all students will have access to dental services is raised, it will be essential that the demand can be met in practice.

IN SUMMARY

As noted above, QCEC is highly supportive of efforts to improve the immunisation rate across the Australian population in general and in students in schools especially. QCEC also supports optimum use of dental health facilities to bring maximum benefits to those students most in need of the service. However, QCEC offers the following overall points for consideration with regards to the proposed amendments:

- In essence, it is considered that the provision of the personal information of students to third party health providers raises privacy issues which must be clearly addressed in the legislation.
- We would suggest that a review of the impact of the changes be mandated to ensure that the risks around potential breaches to privacy and the added administrative burden on schools and service providers are sufficiently offset by real, measurable improvements in immunisation coverage and take-up of school dental services.
- It is envisaged there would be an additional layer of administration for principals in relation to correspondence from the Health Department around lists of third party health providers deemed to have approval for access to the private information of students.
- It is uncertain as to whether parents/guardians would support the notion of third party health providers contacting them directly in relation to outstanding consent forms. QCEC recommends consultation with these groups.

Should you have any further queries, please contact Mandy Anderson, Director – Education at


Dr Les-Anne Perry AM
Executive Director
Queensland Catholic Education Commission

