Feedback to the Australian Digital Health Agency (ADH) re the Australian Digital Health Capability Framework; and Quality in Data and Connecting Care Guideline

October 2024

Thank you for the opportunity to provide feedback on the following two documents: The Australian Digital Health Capability Framework; and The Quality in Data and Connecting Care Guideline.

These documents have been developed by the Australian Digital Health Agency (ADHA) in collaboration with the Australasian Institute of Digital Health (AIDH) as two important components of the Digital Health Capability Action Plan (CAP).

Universities Australia (UA) and the important work of our member universities in health professions education, health workforce development and research is already well known to ADHA and AIDH. Although not directly involved in the development of this Framework and Guideline, we engaged extensively with the ADHA in its development of the National Digital Health Workforce and Education Road Map. UA was also part of the CAP advisory group, providing input from the higher education sector perspective. Together with our Health Professions Education Standing Group (HPESG), we have also engaged with AIDH in various other digital health developments, including work undertaken in collaboration with the ADHA.

The Framework and Guideline are both broadly supported in relation to their intended aims, namely:

- *for the Framework* - as an umbrella document for all working in/with the health care system, including educators and students, to support consistency across, but not replace – existing frameworks or professional standards; and
- *for the Guideline* – to increase awareness of the role of quality data in healthcare delivery, decision making and connected care.

The domains, subdomains and capability levels of the Framework and the overall content of the Guideline generally provide a helpful structure for developing understanding and ability in a way that can be shared across the health and associated workforce – including educators and students/trainees.

However, our major concern with both documents, particularly the Guideline, is the ability of educators and students to comply with them in in practice. For example, many capabilities within domains B, C, D and E of the Framework refer to electronic health records (e.g. C2.2); recording of health information (e.g. C1.3); connecting health information and data (e.g. most capabilities in D2 and D3); and connecting with patients and other healthcare workers through electronic means (e.g. E1.3).

While we support these capabilities in principle, in reality, most health professional students across various disciplines do not have access to patient electronic health records and/or other patient information in health services. This includes access to training or "sandpit" versions. Consequently, opportunities for students to deepen their theoretical understanding and embed skills in this important aspect of digital health are constrained. This includes opportunities to practise connecting information, data, consumers and other health professionals through digital means. This limits students' capability at the education and training stage to "conceptual". In contrast, competence in most other aspects of health professions education is deepened through clinical experience, particularly that undertaken in health services. We would like to see the same occur for digital health capabilities, given their increasing importance in health care delivery.

There is currently no requirement for students or educators to comply with the Framework or Guideline. Nor are the Framework's capabilities yet linked to formal certifications or recognised qualifications. However, given the above we recommend that:

- current restrictions on health student access to electronic records is noted in relation to the Framework and Guideline; and
- ADHA works with the university sector and health services to develop feasible electronic record and other data/information training versions. This will assist students' digital health capability and its important links to connected care, interprofessional communication and collaborative practice.

A few further comments about the Framework are provided below.

Specific comments

We recommend that, in the Framework:

- dentistry and pharmacy are added to the second dot point on page 5 under "The Audience for the Framework: Who are the health workforce?";
- the word "Educational" is added to the first dot point in the "Professional Standards" section on page 7 under "Acknowledging professional standards, workplace settings and our different roles";
- educational roles be acknowledged in the second paragraph on page 8 under "The Framework"; and
- greater distinction is made up front that:
  - there are three sub-domains in each of the five domains;
  - each sub-domain comprises four capability statements;
  - there are three capability levels for each capability statement (formative, intermediate and proficient.)
  The tables on pages 25 to 35 of the Framework set this out clearly and we suggest it would be helpful to bring these to the front of the Framework.

We note this is necessarily a dynamic document that will change as technology in health care delivery evolves. We welcome further opportunities to feed into the work of the ADHA and AIDH to support effective inclusion of these evolving needs in health professions education and training within universities and health services.