

# National Radiotherapy Waiting Times Database, 2015–16; Quality Statement

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# National Radiotherapy Waiting Times Database, 2015–16; Quality Statement

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>Synonymous names:</b>	National Radiotherapy Waiting Times Database (NRWTD), 2015–16
<b>METEOR identifier:</b>	668535
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Superseded 16/07/2018

## Data quality

### Data quality statement summary:

The [National Radiotherapy Waiting Times Database \(NRWTD\)](#) (METeOR identifier: 598445) is a compilation of data supplied to the AIHW based on the Radiotherapy Waiting Times National Minimum Data Set (NMDS) (METeOR identifier: [579304](#)), which were collected from participating radiotherapy providers for the period 2015–16. This is the first year of data collection under NMDS arrangements, though data for 2013–14 and 2014–15 were collated as pilot collection data supported by a data set specification.

Each record provides information relating to a course of radiotherapy that began in the reference period (that is, where the waiting period associated with the course of radiotherapy ended in the reference period). Other data collected includes administrative details, patient demographic characteristics and some clinical information, including:

- establishment identifier
- establishment location (Australian Statistical Geography Standard 2011, SA2)
- ready-for-care date
- radiotherapy start date
- person identifier
- emergency status (yes/no)
- intention of treatment (curative, palliative, prophylactic)
- principal diagnosis (ICD-10-AM 9th edition)
- sex
- date of birth
- Indigenous status
- patient area of usual residence (SA2).

### Summary of key issues:

Reporting by radiotherapy providers for this NMDS was mandatory for public providers; all private providers also participated on a voluntary basis. The way in which data definitions are applied may vary, particularly the setting of the Ready-for-care date which influences the reported waiting time for a course of treatment. These differences cannot be resolved or compensated for in this data collection. This may particularly affect comparisons of data across states and territories, and across sectors.

**Institutional environment:** The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the [Australian Institute of Health and Welfare Act 1987](#) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a [management Board](#), and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The [Australian Institute of Health and Welfare Act 1987](#), in conjunction with compliance to the [Privacy Act 1988](#), (Commonwealth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website [www.aihw.gov.au](http://www.aihw.gov.au).

The state and territory health authorities received the data used in this report from public radiotherapy providers. States and territories use these data for service planning, monitoring and internal and public reporting. These public radiotherapy providers may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Some private providers that have a contract or partnership arrangement to provide services to public patients were required to participate, while other private providers (that were not obliged by a contract or a partnership agreement to participate) did so voluntarily. Some private providers submitted data directly to the AIHW, while others submitted data through their state or territory health authority.

**Timeliness:** The reference period for this data set is 2015–16. This includes records for all patients who started a course of radiotherapy between 1 July 2015 and 30 June 2016. These data were first published in June 2017.

**Accessibility:** The AIHW publishes data from this collection on its website at: <http://www.aihw.gov.au>.

**Interpretability:** Metadata information for the Radiotherapy Waiting Times NMDS is published in the AIHW's Metadata Online Registry (METeOR) at: </content/index.phtml/itemId/517220>

**Relevance:** The Radiotherapy Waiting Times NMDS collects information about the length of time that patients wait for radiotherapy in Australia, and the factors that affect waiting times. Information is also collected on the number of courses of radiotherapy provided and key demographic and clinical information about the patients who received this treatment. The scope of the NMDS is patients who began a course of radiotherapy in the reporting period in Australia. The scope is restricted to measuring one period of time in a patient's treatment pathway, the time between being assessed as ready for care by a radiation oncologist and commencing treatment. This may not be the only waiting period in a patient's treatment pathway.

The Radiotherapy Waiting Times NMDS was created in response to a request from the Australian health ministers (via the then Australian Health Ministers' Conference) for data on the length of time people in Australia have waited for radiotherapy.

**Accuracy:**

Several quality issues were identified, though it is not possible to quantify their impact:

- For 2015–16, all but one of the 78 public radiotherapy sites, and all 33 private sites operating in Australia provided data for the Radiotherapy Waiting Times NMDS. The one public site that did not provide data began operating only a short period (11 days) before the end of the reference period, providing fewer than 20 courses of radiotherapy in that time. This makes coverage of the radiotherapy courses that began in the reference period effectively 100%.
- Providers are primarily responsible for the quality of the data they provide. But the AIHW does extensive validations on the data received. Data are checked for valid values and logical consistency. Potential errors are queried with data providers at the time data are loaded, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or for missing or incorrect values. But 1,884 records with negative or missing waiting times, mostly from the private sector, were disregarded in the calculation of waiting times.
- Reporting by radiotherapy providers for this NMDS was mandatory for public providers, and a high proportion of private providers also participated. The way in which data definitions were applied might vary, particularly the setting of the ready-for-care date, which influences the reported waiting time for a course of treatment. These differences cannot be resolved or compensated for in this data collection. This may particularly affect comparisons of data across states and territories and, across sectors.
- Data from South Australia on intention of treatment should be treated with caution, particularly those on prophylactic courses of treatment. There is likely to be an over-count of prophylactic courses, and an under-count in one or more of the other intention of treatment categories.
- Victoria has noted that there is likely to be some under-count of emergency courses in their jurisdiction. Some codes have been mapped by data providers from local coding systems, such as Emergency status in Victoria. This practice has led to possible under-identification of emergency courses in Victoria.
- Some providers were unable to code patients' area of usual residence using full address details—in these cases most providers mapped from patients' suburb and postcode data to the required statistical area level 2 (SA2) code, a geographical mapping code to which the socioeconomic and remoteness characteristics of the area can be assigned. This method is considered to be sufficient to identify an area of usual residence (ABS 2012).
- Data on Indigenous Australians should be interpreted with caution, as there was a high proportion of courses of radiotherapy for which the Indigenous status of the patient was not reported (39%). Where Indigenous status was reported, no checks on data quality were possible, so data were accepted as submitted by data providers.
- The variation in patterns of principal diagnoses in this report may indicate data quality issues. For example, Victoria reports the primary site of the cancer, rather than the principal diagnosis, and practices and interpretation may also vary across other providers.
- In 2013–14 and 2014–15, data for public and private service providers in Victoria were contributed on a different basis to other data suppliers—Victoria provided data for courses of radiotherapy that ended (not started) in those collection periods. This is as a result of Victoria sourcing data for the pilot data collections from its state-wide radiotherapy data set, which collects data on the basis of course completion. Whilst reported on a different basis, these data are considered broadly equivalent to data contributed by other data suppliers. However some care is needed in comparing 2015–16 data (which was provided for courses that began in the period) with 2014–15 and 2013–14 data for Victorian public providers. In addition, there was an under-count of courses for Victorian public providers in 2013–14, due to the non-inclusion of records where courses started prior to the reference period.
- In 2013–14 and 2014–15, public provider activity in South Australia was under-counted due to technical issues with the data extraction process. Waiting times in South Australia for those years may also have been affected by data quality issues associated with the setting of ready-for-care dates, particularly for breast and prostate cancers. So caution should be used when comparing 2015–16 data with 2014–15 data for South Australia (2013–14 waiting times data for South Australia were not published).

**Coherence:** Although 2015–16 is the first year of collection of radiotherapy waiting times data as an NMDS, rather than as a pilot collection, the metadata upon which the data collections are based did not change. As a result, the 2013–14, 2014–15, and 2015–16 data collections are broadly comparable. The following differences should be noted:

- participation by private sites rose substantially in the 2015–16 data collection (100%), compared with the 2014–15 collection (76%) and the 2013–14 data collection (47%)
- some care is needed in comparing data for Victorian public providers across years (see 'Accuracy' section in this Appendix).

## Data products

**Implementation start date:** 01/07/2015

## Source and reference attributes

**Submitting organisation:** AIHW

## Relational attributes

**Related metadata references:** Supersedes [National Radiotherapy Waiting Times Database, 2014–15: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 02/08/2017

Has been superseded by [National Radiotherapy Waiting Times Database, 2016–17: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 06/08/2019

See also [Radiotherapy waiting times NMDS 2015-2018 Health](#), Superseded 25/01/2018

See also [Radiotherapy waiting times NMDS 2018-Health](#), Standard 25/01/2018