

**SUBMISSION BY THE PHARMACEUTICAL SOCIETY OF AUSTRALIA TO THE  
SENATE COMMUNITY AFFAIRS COMMITTEE'S INQUIRY INTO THE  
PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS BILL 2011  
AND A RELATED BILL**

**ABOUT THE PHARMACEUTICAL SOCIETY OF AUSTRALIA**

The Pharmaceutical Society of Australia (PSA) is the peak national professional organisation representing the interests of Australia's pharmacists working in all sectors and across all locations. The core business of PSA is practice improvement in pharmacy through the provision of continuing professional development and practice support.

PSA provides an extensive program of education and professional development activities across Australia, including a National Intern Training Program. PSA's Practice Support program offers pharmacies and pharmacists practical solutions and assistance to support them in the shift toward improved professional practice and increased implementation of health care services. PSA represents the professional interests of pharmacists and exists to support its members through the development and expansion of the profession.

**RECOMMENDATIONS**

PSA proposes three recommendations for consideration by the Committee.

PSA **recommends** that the categories of healthcare providers eligible to be a consumer's nominated healthcare provider be expanded to include all nationally registrable health professions. (PART 1 Section 5)

PSA **recommends** that consideration be given to including in the registration process the capacity for healthcare provider organisations to provide their informed consent to conditions applying to their registration. (PART 3 Division 2)

PSA **recommends** that the review of the PCEHR legislation should provide for consultation with stakeholders to ensure that all successes and shortcomings are identified and appropriate lessons learned. (PART 8 Division 6)

**GENERAL COMMENTS**

PSA is and has been a consistent advocate for the development and implementation of e-health initiatives, including the Personally Controlled Electronic Health Record (PCEHR) and we have provided constructive input to the National E-Health Transition Authority via our representatives on key committees and through submissions and consultations. PSA believes that with the central involvement of pharmacists as members of the health care team the PCEHR has the potential to reduce the high rate of medication error in Australia.

PSA therefore welcomes the opportunity to provide comment on the legislation to support the PCEHR system.

## **COMMENTS ON SPECIFIC PROVISIONS OF THE PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS BILL 2011**

### **PART 1 Section 5 Nominated Healthcare Provider**

PSA welcomes the PCEHR's notion of a nominated healthcare provider who is nominated by the consumer and is involved in the ongoing care of the consumer. However, it is unclear why the legislation proposes that a consumer's choice is restricted to only three categories of healthcare providers: medical practitioner, registered nurse and Aboriginal Health Worker. Given that the PCEHR is based firmly around consumer choice, this seems to be an odd restriction serving no apparent ends. PSA acknowledges that the Regulations made under the Act may identify additional categories of healthcare providers that may be identified as nominated healthcare providers however this seems an unnecessarily complex arrangement. PSA **recommends** that the categories of healthcare providers eligible to be a consumer's nominated healthcare provider be expanded to include all nationally registrable health professions.

### **PART 2 Division 3 Independent Advisory Council**

PSA supports the establishment of an Independent Advisory Council to advise the System Operator on matters relating to the operation of the PCEHR system. As the peak national professional organisation representing Australia's pharmacists PSA would be pleased to provide appropriate nominees for consideration by the Minister.

### **PART 3 Division 1 Registering Consumers**

The voluntary, opt-in nature of the PCEHR is likely to mean that a concerted effort will be required to inform, educate and register consumers following the introduction of the PCEHR from 1 July 2012. Pharmacists are the most easily accessible health professionals in the community with approximately 5000 community pharmacies across Australia, each serving an average community of 4000 people. It is estimated that the average person receives a prescription medicine more than 12 times a year.<sup>1</sup>

Pharmacists are therefore an important resource that can and should be used to inform, educate and recruit consumers for registration for a PCEHR. PSA has held initial discussions with NEHTA and its Change and Adoption partners around the ways in which pharmacists could support the registration of consumers and the means by which PSA can inform, educate and support pharmacists to undertake this process.

### **PART 3 Division 2 Registering Healthcare Provider Organisations**

It is clear from the Bill and related information that healthcare provider organisations, including pharmacies, will play a key role in the adoption, implementation and

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<sup>1</sup> Most Aussies buy prescription medication more than 12 times a year. *Medical News Today*, 30 May 2011

ongoing operation of the PCEHR and are likely to be critical to its success. It is also clear that these organisations and their principals have attendant responsibilities under the proposed arrangements for the PCEHR system.

In these circumstances, PSA **recommends** that consideration be given to including in the registration process the capacity for healthcare provider organisations to provide their informed consent to conditions applying to their registration. This could include, for example, requirements around managing authorisation of users of the PCEHR within the organisation; restrictions around uploading of consumer information (eg with regard to intellectual property); penalties for unauthorised access; and treatment of partnerships, unincorporated associations and trusts amongst other matters. Provision of informed consent could take the form of a tick-box that allows the healthcare provider organisation to acknowledge that it has read and understands the conditions applying to registration. This is particularly important given that at the time of writing some conditions are yet to be fully developed and articulated, such as the responsibilities of healthcare provider organisations to develop and maintain an audit trail of access within its organisation to a consumer's PCEHR.

#### **PART 8 Division 6 Annual Reports and Review of Act**

PSA supports the provision for Annual reports to be prepared by both the Information Commissioner and the System Operator and also supports the requirement for the Minister to table both reports in Parliament.

PSA similarly supports the provision for review of the Act after a period of two years and welcomes the proposal that a report of the review is to be tabled in both Houses of Parliament by the Minister. PSA **recommends** that the review process should provide for consultation with stakeholders to ensure that all successes and shortcomings are identified and appropriate lessons learned.

### **CONCLUDING COMMENTS**

PSA welcomes the introduction of legislation to underpin the PCEHR system and looks forward to continuing to work constructively with the Department of Health and Ageing, the National e-Health Transition Authority and its partners to ensure the PCEHR's successful implementation from 1 July 2012. As effective communication will be critical to the success of the PCEHR, PSA would welcome the opportunity to utilise its networks and organisational capacity to assist in the roll-out of the PCEHR.

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