

**Personally Controlled Electronic Health Record (PCEHR) System:
Legislation Issues Paper**

SUBMISSION TEMPLATE

Thank you for taking the time to consider the PCEHR System Legislation Issues Paper. We value and appreciate your constructive comments on Australia's PCEHR system, so the department can further refine the design and improve the quality of the information we provide.

Individual responses to submissions will not be provided.

Submissions will be made public and shared with relevant Commonwealth, state and territory government agencies to inform consideration of the PCEHR legislative framework. Submissions that are intended to remain confidential should be clearly marked as such and submitters should be aware that confidential submissions may still be subject to access under Freedom of Information law.

The closing date for comments and submissions is 5 p.m. (Australian Eastern Standard Time), Wednesday, 3 August 2011.

**Mandatory fields*

***Name**

Michael Bishop for

Services for Australian Rural and Remote Allied Health (SARRAH)

(First name is mandatory and will be displayed if submission is published.)

***Postcode 7250**

***Indicate the theme(s) of your submission**

Participation	<input type="checkbox"/>	Security	<input checked="" type="checkbox"/>
Access	<input checked="" type="checkbox"/>	Governance	<input checked="" type="checkbox"/>
Privacy	<input type="checkbox"/>	General comments	<input checked="" type="checkbox"/>

***Indicate the stakeholder group(s) you represent**

Member of public	<input checked="" type="checkbox"/>	Hospital care	<input type="checkbox"/>
Research and academic	<input type="checkbox"/>	Healthcare providers	<input type="checkbox"/>
General practice	<input type="checkbox"/>	Aged and community care	<input type="checkbox"/>
Peak body representative	<input checked="" type="checkbox"/>	Union and community care	<input type="checkbox"/>
Allied health	<input checked="" type="checkbox"/>	Union representative	<input type="checkbox"/>
Indigenous representative	<input type="checkbox"/>	ICT/Software industry	<input type="checkbox"/>
Government	<input type="checkbox"/>	Other	<input type="checkbox"/>

*Do you agree to your submission being published and made public (including on the www.yourhealth.gov.au website)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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*I agree to the submission terms of use (read terms of use on www.yourhealth.gov.au website).	<input checked="" type="checkbox"/> Yes
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Your submission/comments:

Thank you for the opportunity to comment, Services for Australian Rural and Remote Allied Health (SARRAH) acknowledges the immense amount of work being undertaken in the consultative and engagement process of creating the PCHER.

SARRAH endorses all 41 of the proposals presented in the Legislation Issues Paper and specifically makes the following points.

- The process of creating the PCHER concepts has been inclusive and comprehensive. It would be a great waste to therefore create any Governance system which does not link both clinicians and consumers to all aspects of the process. It is also important that all the governance systems are robust enough to safeguard against political whimsy. There is a lot more work to do in regards to developing governance systems and SARRAH is willing and happy to participate in these processes.
- In response to question 2 about portals for consumer registration SARRAH believes that in some instances organisations such as refugee centres and neighbourhood centres might provide an appropriate entry point for consumers. These organisations may not be termed as strictly health related.
- Although the development of pseudonymous as a strategy to protect privacy is understood, SARRAH believes that the PCHER should be as simple as possible and by legislating in the first instance may have unforeseen consequences in terms of fraud and identity theft. Further consideration should be given about unintended consequences before a decision is made to include pseudonyms in this stage.
- Under Section 3.2.2, it is critical the PCHER is able to manage Allied Health Professionals who work in both public and private systems and who may be operating a private practice from a public funded health facility. Not all Allied Health Professionals who will be providing services to consumers will be registered professions and in New Zealand the government is moving away from central regulation and towards self regulation, for example Speech and Language Therapists in New Zealand is different from Speech Pathologists in Australia. It is our concern that disciplines such as Social Work are unlikely to ever be registered professions. This is a recurring theme which SARRAH has highlighted potential challenges where the dominant medical profession may inadvertently preclude flexibility and functionality in the system design. The PCHER system needs to be able to sustain a very different health care system than the one we experience today.
- SARRAH is pleased with the detailed consideration given to privacy safeguards in the concept paper.
- In section 3.3.1 SARRAH fully endorses the move to link the PCHER with online Health Literacy information. It is estimated that this move alone will have significant health impact for Australians.
- Question 26 asks about secrecy provisions which may impact on the PCHER. SARRAH supports Open Disclosure and the current Privileged Committees which review medical misadventure need to be considered. Each State and Territory has different legislation and standards.
- Question 31 seeks comment about disciplinary measures for employees subject to the Code. SARRAH believes that the Code of Conduct for Public Servants is a starting point for breaches of ethical behaviour but consequences for breaches associated with the PCHER should not be separately legislated. Regulations would be more useful and easier to adapt to the different settings.