



[www.libertyvictoria.org.au](http://www.libertyvictoria.org.au)

GPO Box 3161  
Melbourne, VIC 3001  
t 03 9670 6422  
info@libertyvictoria.org.au

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## **PCEHR System: Rules and Regulations**

### **Submission of Liberty Victoria**

#### **Executive Summary**

- \* The lack of an independent oversight board to administer the system weakens all the proposed privacy provisions.
- \* The undue haste in implementing the design and roll out of the System will create further costly privacy and administrative issues in future.
- \* One size fits all file configuration will lead to clinicians creating secondary data files not included in the system - defeating the clinical purpose of the e-Health record.

Due to these and other deficiencies Liberty Victoria is strongly recommending that the 1st July date for implementing the scheme be pushed back - and amendments to the legislation be drafted to clear the privacy and administrative hurdles that now exist.

## **PCEHR System: Rules and Regulations Submission**

Liberty Victoria is one of Australia's leading human rights and civil liberties organisations. It is concerned with the protection and promotion of civil liberties throughout Australia. As such, Liberty is actively involved in the development and revision of Australia's laws and systems of government. Further information on our activities may be found at [www.libertyvictoria.org.au](http://www.libertyvictoria.org.au).

### **Privacy and the Individual**

The structure of this scheme and the governmental mechanisms used to design and implement the scheme show that privacy and transparency are afterthoughts. The administration of the scheme is driven by the efficiencies of the Federal Health bureaucracy rather than by the need for a clear transparent and accountable body which has the individual patients as their focus.

- 1. The lack of a separate governing board to run this scheme is a critical flaw, the Independent Advisory Council and the Jurisdictional Advisory Council are quite separate to the actual business of running the System.**

Given the multi-jurisdictional nature of the System and the competing agenda's of the departments/boards/regions/practitioners it is essential for the System to be supervised by a single independent board.

The board should be openly appointed and subject to direct scrutiny by the parliamentary committees of each jurisdiction.

- 2. The speed of implementing the design and roll out is damaging the system and its capacity to achieve the clinical and administrative objectives.**

The design of the system has not been subject to either sufficient or thorough public scrutiny, and the hurried nature of the implementation is rapidly becoming obvious through public complaints from the clinical community.

The lack of consideration on how the e-Health records will be created and maintained is the obvious example of this haste, with clinicians pointing out that the competing objectives of government audit and clinical thoroughness not being matched.

- 3. A one size fits all file for each patient will lead to the creation of secondary - or the continuation of legacy - records which will deny full information to attending clinicians.**

The decisions being made regarding the nature of the record and the limitations of what is recorded will mean that two records will accompany patients at each clinic. The national e-Health record and the clinician's own notes. Given the purpose of the PCEHR is to reduce error due to lack of information and to reduce time wasted in re diagnosing known clinical

factors and history, this outcome is a serious flaw. Further consultation and careful consideration of overseas templates and or methods of sharing non-standard data are a must.

**4. No Draft Regulations are actually provided - all comments can therefore only be speculative.**

Although the title of the pdf paper and the web page indicate that we are writing a submission of the draft regulations - the draft regulations are notably absent. These recommendations and queries are based on the 'essay on what I may do with PCEHR' provided in their stead.

Liberty Victoria looks forward to commenting on the Draft Regulations when they are posted, and we sincerely hope that the implementation date for the PCEHR can be pushed back to allow good transparent redesign and roll out of this important clinical health programme. Should you wish to discuss any aspect of this submission further please contact Tim Warner through the Liberty Victoria office on 9670 6422 or [info@libertyvictoria.org.au](mailto:info@libertyvictoria.org.au).