

22 July 2015

Dr Chris Mount  
Director Legislative Policy  
eHealth Policy Branch, eHealth Division,  
Department of Health  
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Dear Dr Mount,

Thank you for the opportunity to provide a response to the Changes to PCEHR Assisted Registration.

The RACGP acknowledges that changes to the current PCEHR assisted registration process will ease the administration burden on general practice with regards to the management and storage of paperwork. However the onus of informing, consenting and explaining the process will now become the responsibility of the health provider, potentially impacting on clinical workflow processes.

Verbal consent documented in the software or during the registration process (and sent automatically with the registration) is appropriate. Suitable mechanisms, in line with the RACGP standards for general practice (4<sup>th</sup> edition), should be in place to ensure identity fraud is minimised.

It should be noted that general practice clinical information systems are currently limited in their ability to record consent. This may limit the ability of general practices to adequately administer the consent process under the new assisted registration proposal.

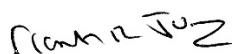
Health Provider Organisations (HPOs), including general practices, may be exposed to risks (e.g. criminal risks). It needs to be clear that if an HPO encounters a risk they will not be penalised and fined for providing access to assisted registration. In addition, likely penalties, if any, should be clearly articulated.

The RACGP believes that while these proposed amendments are an improvement on the current process, it is unlikely to affect uptake of the PCEHR. In light of the upcoming opt-out trials, the RACGP questions why these changes are currently being considered. If the opt-out system is chosen to replace the current opt-in system, these amendments will not be required.

The RACGP will continue to work with the Department and relevant stakeholders to identify a workable solution to the current issues and looks forward to providing further feedback on all aspects of the PCEHR. The RACGP has been an advocate for a national shared electronic health record system and understands the clinical benefits of healthcare providers accessing healthcare information not available via normal communications.

Should you require any further information please do not hesitate to contact Ms Joanne Hereward, Program Manager – eHealth at 03 8699 0338 or [joanne.hereward@racgp.org.au](mailto:joanne.hereward@racgp.org.au)

Yours sincerely,



Dr Frank R Jones  
President