



**S·A·R·R·A·H**

Services for Australian  
Rural and Remote Allied Health

**Submission to the Senate Legislation  
Committee on Community Affairs**

**Inquiry into the Personally  
Controlled Electronic Health Record  
(PCEHR) Bill 2011  
and one related Bill**

**January 2012**

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## INTRODUCTION

Services for Australian Rural and Remote Allied Health (SARRAH), welcomes the opportunity to provide a submission to the Senate inquiry into the PCEHR Bill 2011 and one related Bill.

SARRAH is nationally recognised as a peak body representing rural and remote allied health professionals working in both the public and private sector.

SARRAH's representation comes from a range of allied health professions including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

These allied health professionals provide a range of clinical and health education services to individuals who live in rural and remote communities. Allied health professionals are critical in the management of their clients' health needs, particularly in relation to chronic disease and complex care needs.

## SUBMISSION

SARRAH supports all aspects of the Bills, however provides the following key points:

- The process of developing the PCEHR and related Bills has been inclusive and comprehensive. Both clinicians and consumers have been consulted in the development of the PCEHR system.
- The PCEHR system must be flexible in a changing health care environment. The Bill makes reference to health care providers in terms of individuals (clinicians) and organisations. It must be noted that in order to deliver comprehensive team based health care, access to the PCEHR must be available to all clinicians who are part of a consumer's health care team. In particular:
  - All allied health professionals who work in the public and the private health system, as well as practitioners who operate a private practice from a publicly funded health facility must be included in the PCEHR system.
  - Access by allied health professions registered with the Australian Health Practitioner Registration Agency (AHPRA), or to allied health professionals practicing in the private health sector is restrictive and will be detrimental to the effectiveness of the PCEHR system. For example, professions such as Social Work and Dietetics are not identified as registered professions with AHPRA but they are critical to the health care team.
  - The provisions of the Bill must not inadvertently preclude flexibility and functionality in the design and use of the PCEHR system.
- The detailed consideration given to privacy safeguards within the contents of the Bill is pleasing. However, appropriate disciplinary measures must be developed in relation to breaches of privacy by those individuals and organisations collecting, identifying and accessing personal information in relation to the PCEHR.

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- Although not contained within the Bill, the PCEHR must be linked with online health literacy information. This is essential to ensure that consumers are able to make informed decisions on the contents and authorising access to their PCEHR.

## **CONCLUSION**

In conclusion, the PCEHR system must be available to all clinicians, including the full range of allied health professions, who form part of the consumer health care team. Limiting PCEHR access to select health professions will be detrimental to the effectiveness of this initiative.

SARRAH, as the peak body representing allied health professionals delivering health services to people residing in rural and remote communities across Australia, is well positioned to work with Governments and other stakeholders to address the issues raised in this submission.