29 April 2020

Ms Milica Ristivojevic
Senior Policy Officer
Real Time Prescription Monitoring
Drugs of Dependence Unit
PO Box 6
Rundle Mall
Adelaide SA 5000

Dear Ms Ristivojevic

Real Time Prescription Monitoring project

I write on behalf of the Royal Australian and New Zealand College of Psychiatrists, SA Branch (RANZCP SA), in response to the public consultation on proposed changes to the Controlled Substances Act 1984 (CS Act) necessary to implement a Real Time Prescription Monitoring (RTPM) system in SA.

RANZCP SA supports the introduction of an RTPM system, as pharmaceutical drugs are the most frequent contributing drugs to overdose deaths each year. As a number of the medicines which will be monitored by the system are prescribed by psychiatrists, our members want to further understand the advantages of using it as a clinical tool.

Our organisation believes the four proposed changes to the CS Act are appropriate, as far as they go. However we would also like to take this opportunity to raise a number of matters surrounding the execution of a RTPM system which require consideration, as part of legislative or regulatory changes, and technical implementation.

Our feedback in this regard draws heavily on the Victorian experience. Given we have the opportunity to implement lessons learned while designing and implementing their SafeScript system, we are keen to see the SA RTPM system represent best practice in Australia.

To that end, would it please be possible for RANZCP SA to receive some additional information on how the RTPM implementation teams are considering the following matters?

1) Privacy and Identification

Psychiatrists are particularly sensitive to protecting their clients’ privacy, due to the stigma which is still associated with having a mental illness. Those accessing mental health services should be able to access them without fear of negative consequences from being identifiable outside of those services.

While the first proposed change to the CS Act shows that this issue has been identified and is appreciated, would you please be able to provide some additional information about:
• The exact mechanisms which will be used to identify patients in the system (e.g. Medicare numbers), and;

• What steps will be taken to ensure transparency between prescribers and consumers regarding the use of the RTPM system?

In principle, an RTPM system should not be accessed in circumstances other than when the prescriber is making a prescription for their patient. Where circumstances require access to the system to make a prescription without the patient in the room, we would suggest there be a mechanism by which the patient can be notified their record has been accessed.

2) Access in a non-prescribing role

The second proposed change to the CS Act identifies this issue, however we would appreciate some additional information as to how it will be implemented in practice.

We believe that prescribers should not be able to access information on patients who are not in their care, and should not be able to access information for any other purpose than prescribing.

Significant concerns were raised in Victoria that SafeScript was accessible to a broad spread of prescribers and there were no inbuilt obstructions to clinicians accessing information not acting as prescriber and undertaking work for a third party, such as Workcover, Insurance Companies, or AHPRA.

Will there be an inbuilt mechanism to monitor who has accessed the system?

3) Ease of access

Many psychiatrists still handwritten prescriptions and some may not have or wish to access a computer during a consultation, as it is essential the therapeutic relationship is not disrupted by a clinician accessing the RTPM system during a consultation.

We recommend that the RTPM system also be accessible via mobile devices such as tablets and smartphones via an app or otherwise easily accessible mobile interface. Not only would this significantly enhance our members’ ability to use the system effectively and efficiently, it will also be necessary for all practitioners in the context of home visits and the like.

4) Clinical Governance

There are clinical implications of an RTPM system which we believe must be fully explored before the system is rolled out, including:

• Clinical guidelines for actions prescribers should take when a RTPM notification identifies an issue with an individual’s prescription history. In many cases, it is not as simple as deciding to continue or stop a patient’s medication.

• Guidelines as to how primary and secondary care, as well as pharmacists and other prescribers, should communicate regarding notifications about individuals in the RTPM system.
Where health professionals should direct an individual identified as having a substance misuse issue for assistance. Alcohol and Other Drug (AOD) services are often very stretched, and it is likely the RTPM system will lead to identification of additional individuals who require assistance. It may be necessary to consider increased resources for these services in order to meet an anticipated growth in demand.

RANZCP SA recommends a Clinical Oversight Group be established, involving clinicians, prescribers, lived experience representation and other relevant groups and organisations. The purpose of the group would be to have focused discussions on clinical issues surrounding the RTPM system, tasked with developing guidelines to assist clinicians and prescribers to manage individuals who it notifies as being at risk, and ensuring clear lines of communication between health professionals.

5) Continuing education

As implementation of the RTPM system becomes closer, it would be useful for information and teaching sessions to be provided to RANZCP SA and other medical colleges, so our members can learn more about the system, follow progress relating to its implementation and use it effectively and efficiently.

Thank you for the opportunity to contribute to the development of this important initiative.

To respond to the matters raised in this letter or should you have any questions, please contact Mr Matt Hee, RANZCP SA Policy & Advocacy Advisor, at matt.hee@ranzcp.org or 0402 579 674.

Yours sincerely

Dr Sally Tregenza
Chair
RANZCP South Australian Branch