



Secretary

Department of Health

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Janet Lee
Coroners Registrar
Coroners Court of Victoria
Via e-mail: cpuresponses@coronerscourt.vic.gov.au

Dear Ms Lee

COR 2019 000537 – Finding into death with inquest

Thank you for providing the finding of Coroner Ingrid Giles dated 24 May 2024 in relation to the death of LI, who passed away on 29 January 2019. I was deeply saddened to learn of LI's death and would like to convey my condolences to his loved ones.

Coroner Giles made two recommendations, one of which is directed to the Victorian Department of Health (department) in relation to its oversight and compliance role regarding the checking of SafeScript. The department's response to this recommendation is below, followed by a short update on proposed regulatory reforms that (if enacted) would provide additional options for regulatory responses available to the department.

Response to recommendation

I... recommend that the Victorian Department of Health develop, as a matter of priority, additional strategies to enhance its oversight and compliance role in relation to the checking of SafeScript, as well as to consider increasing the scope of application across the state, including by:

- a) *Working with the Royal Australian College of General Practitioners, Medical Board of Australia and the Pharmacy Board of Australia, along with medical indemnity insurers and any other identified stakeholders, to develop education and training tools for clinicians that focus on and promote the positive benefits of SafeScript, reinforce its role as a clinical tool for the clinician's own decision-making, and address the perception among some clinicians that SafeScript usurps their clinical judgment;*
- b) *Continuing to consider the ways in which to surmount technological barriers to implementing SafeScript throughout hospitals in Victoria; and*
- c) *Continuing to work with the Commonwealth Department of Health and Aged Care to implement cross-border data-sharing of real-time prescription monitoring.*

The Coroner's recommendation will be implemented.

- a) *Working with the Royal Australian College of General Practitioners, Medical Board of Australia and the Pharmacy Board of Australia, along with medical indemnity insurers and any other identified stakeholders, to develop education and training tools for clinicians that focus on and promote the positive benefits of SafeScript, reinforce its role as a clinical tool*

for the clinician's own decision-making, and address the perception among some clinicians that SafeScript usurps their clinical judgment

In late 2023, the Australian Commission on Safety and Quality in Healthcare (ACSQH) commenced a project to establish a suite of educational written resources for users of real-time prescription monitoring systems in Australia. While the project is led by the ACSQH, the Australian Digital Health Agency and all States and Territories are part of the working group. Three written resources are being developed as follows:

1. Resource 1: Practice guidance on real-time prescription monitoring for safety (fact sheet format).
2. Resource 2: Risk-assessment quick reference guide.
3. Resource 3: Visual aids, conversation prompts and modifiable posters for general practitioners and pharmacists.

I anticipate that these resources will be finalised within the coming months. The ACSQH has invited the Royal Australian College of General Practitioners to provide feedback on the draft resources, as well as to collaborate to hold a joint webinar or other activity to promote the resources. Other key stakeholders, including the National Boards and medical indemnity insurers, may be engaged in due course and following consultation with the working group.

b) Continuing to consider the ways in which to surmount technological barriers to implementing SafeScript throughout hospitals in Victoria

The Australian Digital Health Agency continues to work closely with the States and Territories to determine whether technological barriers can be overcome to enable real-time prescription monitoring systems to be accessed seamlessly in hospitals.

In Victoria, the department is required to comply with privacy laws in relation to patient details captured by SafeScript. The department's policy and the Australian Government Information Security Manual state that when accessing data classified as 'protected' from an untrusted network, users must be challenged with multifactor authentication.

During SafeScript implementation, the department explored whether multifactor authentication using an alternative to mobile phones was possible (such as a hospital swipe pass) but this was not possible from a security perspective. Given the nature of hospital work and the number of monitors accessed by staff, completing a multifactor authentication on each would be challenging and accordingly, no medical, pharmaceutical or other peak bodies agreed to SafeScript being mandatory in hospitals. Many hospital clinicians access SafeScript voluntarily in the hospital setting, particularly in emergency departments and for patients with mental health presentations and suspected prescription medicine dependence.

Lastly, the department holds concerns that removing the multifactor authentication requirement at this stage is likely to undermine compliance with information protection laws and may lead to a high risk of 'protected' data being leaked in the event of a cyberattack.

c) Continuing to work with the Commonwealth Department of Health and Aged Care to implement cross-border data-sharing of real-time prescription monitoring

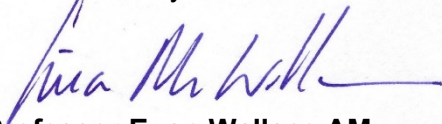
The department has been working closely with the Commonwealth Department of Health and Aged Care to implement cross-border sharing of real-time prescription monitoring data since the SafeScript system was launched in 2018. The Commonwealth Department of Health and Aged Care put this work on hold in July 2023, but it is expected to recommence in the current financial year. This is due to the transition of governance of digital health systems from the Commonwealth Department of Health and Aged Care to the Australian Digital Health Agency on 1 July 2024. Accordingly, it is now the Agency's responsibility to follow up any core enhancements of real-time prescription monitoring systems.

Proposed reforms

On 29 April 2024, the department released a Consultation Paper recommending further reforms to health regulation in Victoria. These proposed reforms include the introduction of an additional suite of compliance and enforcement tools for the regulator to enable a graduated, risk-based and proportionate approach. If enacted by Parliament, these tools would be available for the regulator in monitoring SafeScript compliance and encompass measures such as improvement and prohibition notices, infringement notices, enforceable undertakings and notices to produce information or documents. The proposed reforms would provide the regulator with additional regulatory compliance tools, with which it can better target its enforcement approach commensurate with the circumstances of alleged non-compliance.

Thank you again for providing Coroner Giles' finding in this matter and noting the important role that SafeScript may play in reducing prescription medicine overdose deaths in Victoria. Should you wish to discuss anything raised in this letter in further detail, please contact Olivia Goodman, Executive Director, Health Regulator at the Department of Health [REDACTED]

Yours sincerely



Professor Euan Wallace AM

Secretary

19/08/2024