

# Summary of the QScript Privacy Impact Assessment

30 March 2022

## 1. Background

- 1.1. The Queensland Department of Health (the Department) commissioned a privacy impact assessment (PIA) as part of the development and operationalisation of QScript.
- 1.2. A PIA is a detailed analysis of the proposed flows of personal information and confidential information (as they are known at the time of the PIA), and potential privacy impacts of a project. The purpose of conducting a PIA is to add value to projects that involve the handling of personal and confidential information by mitigating risks, ensuring compliance with legal obligations under privacy and confidentiality laws, and building best privacy practice into the project.
- 1.3. The PIA considered:
  - 1.3.1. the Information Privacy Act 2009 (Qld) (IP Act) and the National Privacy Principles (NPPs) with respect to dealings with 'personal information';
  - 1.3.2. Part 7 of the *Hospital and Health Boards Act 2011* (Qld) (HHB Act) with respect to the disclosure of 'confidential information'; and
  - 1.3.3. the *Human Rights Act 2019* (Qld) (HR Act).
- 1.4. The Department had the benefit of the Queensland Office of the Information Commissioner's comments in finalising the PIA.
- 1.5. This summary document is intended for public distribution. It sets out, at a high level, the information flows in QScript, the identified privacy impacts and key recommendations, and the Department's responses to those recommendations. The publication of this summary does not waive privilege in the PIA itself.

## 2. QScript overview

- 2.1. Real-time prescription monitoring is one significant mechanism that has been called for by multiple stakeholders to help address harms—such as death, overdose and substance use disorder—related to the inappropriate and/or unsafe use of certain prescription medicines.
- 2.2. The *Medicines and Poisons Act 2019* (Qld) (MP Act) provides for the establishment of a monitored medicines database (known as QScript) and requirements relating to information recorded on the database. These include requirements for:
  - 2.2.1. data source entities and dispensers (other than dispensers practising in a public sector hospital) to provide certain information about prescriptions and dispensing events to QScript; and
  - 2.2.2. relevant practitioners to check QScript to see whether a person has been previously prescribed, dispensed or given a monitored medicine before prescribing, dispensing or giving a treatment dose of a monitored medicine to a patient.

- 2.3. It is intended that QScript will aid clinical decision-making by allowing prescribers and dispensers access to real-time prescription and dispensing information before they prescribe, dispense or give a treatment dose of certain medicines (known as monitored medicines) which can present a high risk of harm. A 'monitored medicine' is defined as any Schedule 8 medicine, all benzodiazepines, codeine, gabapentin, pregabalin, quetiapine, tramadol, zolpidem and zopiclone.
- 2.4. QScript holds personal information, health information and confidential information about patients; personal information about prescribers and dispensers; and personal information about system users. The MP Act and associated Regulations have sought to balance privacy and confidentiality rights with the need to protect and promote the health of the public.

### **3. Main information flows**

#### **Information collected into QScript**

- 3.1. Information is collected into QScript from prescribers, dispensers and 'data source entities'.<sup>1</sup>
- 3.2. The information in QScript includes health information of patients, confidential information of patients, and personal information of health practitioners (prescribers and dispensers). In particular:
  - 3.2.1. personal information is collected from the Australian Health Practitioner Regulation Agency (Ahpra) and a health practitioner to register a health practitioner as a user in QScript;
  - 3.2.2. personal information is collected from Ahpra daily about a health practitioner's registration details;
  - 3.2.3. personal information is collected from Department employees or contractors to register as a Department user in QScript;
  - 3.2.4. health information is collected about a patient and personal information about a health practitioner where a prescribing approval is being sought, and then about treatment pursuant to an approval;
  - 3.2.5. health information is collected about a patient who has a monitored medicine prescribed or dispensed in Queensland, or where the health practitioner or patient is ordinarily practising/residing in Queensland; and
  - 3.2.6. personal information is collected about users' activity in accessing and using QScript.
- 3.3. An information provider must give the chief executive the relevant information for the provider at the time and in the manner below, unless the information provider has a reasonable excuse:

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<sup>1</sup> Defined as Fred IT Group Pty Ltd, Medication Knowledge Pty Ltd, Ahpra, a government entity in another State responsible for the administration of an equivalent database, an entity that is stated to be a data source entity under a corresponding law; another entity that provides a PES to a health practitioner: reg 176 of the MP Regulations.

## Information providers and relevant information

Information provider	Relevant information	Manner
a data source entity	(a) information in a prescription made for dispensing a monitored medicine for a patient; (b) information in a dispensing record for a monitored medicine for a patient	Electronic copy to be sent to QScript when data source entity receives the information.
a dispenser, other than a dispenser practising in a public sector hospital	information in a dispensing record for a monitored medicine for a patient	By the dispenser using a Prescription Exchange Service (PES) when recording the information.

(section 226 of the MP Act; regs 180, 181, 182 and Part 2 of Schedule 18 of the MP Regulations).

### 3.4. The purposes of keeping QScript are:

- 3.4.1. to promote safe practices for the therapeutic use of monitored medicines and reduce community harm caused by monitored medicines;
- 3.4.2. to ensure particular health practitioners are complying with the MP Act, a corresponding law or any applicable requirements under the Health Practitioner Regulation National Law 2009 (Qld) (National Law);
- 3.4.3. to facilitate the assessment or investigation of health service complaints under the Health Ombudsman Act 2013 (Qld); and the investigation or monitoring of persons subject to actions or orders under that Act;
- 3.4.4. to enable particular health practitioners to access QScript to record and review information for the therapeutic treatment of persons;
- 3.4.5. to facilitate national consistency in the therapeutic use of monitored medicines;
- 3.4.6. to manage the operation of QScript; and
- 3.4.7. to exercise a power, or perform another function, under the MP Act in relation to a monitored medicine.

(section 224 of the MP Act and reg 177 of the MP Regulations).

### Uses and disclosures of information from QScript

- 3.5. Dentists, medical practitioners, nurse practitioners, endorsed midwives, pharmacists and intern pharmacists, endorsed podiatrists and podiatric surgeons who are authorised to prescribe, dispense or give a treatment dose of a monitored medicine for a patient, *must* check QScript before that dealing occurs to see whether information recorded in QScript shows that the person has previously been prescribed, dispensed or given any monitored medicine (section 41 of the MP Act, reg 178 and Part 1 of Schedule 18 of the MP Regulations).

- 3.6. QScript may disclose confidential information to a health practitioner if:

- 3.6.1. the health practitioner is providing therapeutic treatment to the person to whom the information relates; and
- 3.6.2. the disclosure is reasonably necessary for the therapeutic treatment of the person (section 222 of the MP Act).
- 3.7. The chief executive may disclose information in QScript to a user by:
  - 3.7.1. giving the information to the user; or
  - 3.7.2. giving the user electronic access to QScript,
    - but only for the prescribed purpose for the user as below:

## Users and purposes for disclosure

User	Purposes
a health practitioner	<ul style="list-style-type: none"> <li>(a) to record and review information for the therapeutic treatment of patients</li> <li>(b) to comply with requirements under the MP Act applying to the health practitioner</li> </ul>
a data source entity	to enable a health practitioner to access QScript for purposes mentioned in this column for the practitioner
a health ombudsman official	to facilitate: <ul style="list-style-type: none"> <li>(a) the assessment or investigation of health service complaints under the <i>Health Ombudsman Act 2013 (Qld)</i>;</li> <li>(b) the investigation or monitoring of persons subject to actions or orders under that Act.</li> </ul>
Ahpra	to ensure health practitioners are complying with the MP Act, a corresponding law or any applicable requirements under the National Law
a government entity in another State responsible for the administration of an equivalent database	to facilitate national consistency in the therapeutic use of monitored medicines
a person conducting research	to facilitate evaluation and research into monitored medicines
a person employed by the chief executive	to manage the operation of QScript to exercise a power, or perform a function, under the MP Act relating to monitored medicines

(section 227 of the MP Act, reg 183 and Part 3 of Schedule 18 of the MP Regulations).

#### 4. Key existing privacy controls

- 4.1. The primary function of QScript is to promote safe practices for the therapeutic use of monitored medicines, and to enable health practitioners to access QScript to review information relevant to the therapeutic treatment of a person. QScript only collects prescription and dispensing information about monitored medicines from data source entities that is necessary for its functions and activities.
- 4.2. Although collection notices are not technically required as the information collected by QScript about health practitioners and patients is authorised by the legislation (i.e. statutory collections), privacy collection notices have been prepared for both groups. These describe the information flows to participants. The collection notices for health practitioners are accessible prior to registration and after registration with QScript. Department users are provided with collection notice information as part of the 'Acknowledgement of Confidentiality and Privacy Obligations for Access to QScript'. The provision of this information supports transparency is a privacy positive.
- 4.3. Health practitioners who choose to register with QScript will be required to accept the 'QScript Terms of Access and Use – Health Practitioners'. This document makes plain to users the expectations about appropriate use of QScript.
- 4.4. QScript alerts which appear on a health practitioner's computer screen have been designed to reduce the risk of inadvertent disclosure of personal information to patients and others who may be able to see the health practitioner's screen during a consultation. Where QScript is integrated with the practice management system being used (and the health practitioner is logged in to both systems), if an alert rule has been triggered as part of a prescribe or dispense event to inform the practitioner before undertaking the prescribe or dispense activity, this is displayed by a traffic light notification being displayed with a high level description on the practice software.
- 4.5. The design also automatically 'hides' the last five patients viewed and recent notifications unless the health practitioner selects the expanded screen. In circumstances where the patient and others may be able to see the health practitioner's computer screen during a consultation, this feature is also a privacy positive.
- 4.6. There are nine types of Department user roles with different access rights to information in QScript. Consideration has been given to the minimum amount of data each role type requires to perform its functions. This is a privacy positive of the system. There are also access restrictions and permission types applying to Department users wishing to prepare or view reports from QScript.
- 4.7. User access and report preparation is traceable and will be audited. An audit log is generated for all access to information in QScript, so that any inappropriate access is able to be traced. Quarterly and reactive audit and usage reports will be produced and reviewed by the MMU to identify potential irregular usage activities and to ensure use of the system is consistent with the roles and functions of individual users. Suspected misuse and any formal complaint will trigger detailed usage review and if warranted, investigation into information handling process.
- 4.8. There are no changes to the Department's policies on access and amendment of information it holds. These existing policies apply to QScript. Monitored medicine

prescription, dispensing and supply information is collected by QScript in real-time. Amendments to the prescription and dispense information is made by amending the source data (e.g., prescriber software, or Ahpra) where there is an error. All versions of the information will be stored in QScript (for record keeping purposes in case a version of QScript at a relevant time is relevant for a complaint, claim or investigation) with only the most recent version visible to users.

4.9. The security of QScript has been assessed, but to maintain security in the system, details of security measures have not been included in this summary.

## 5. Key recommendations and responses

### Key recommendations and responses

#	Privacy impact identified	Recommendation	Department response
1	The information flows from Ahpra to QScript about health practitioners may contain information, for example historical regulatory action information, which is not relevant to QScript.	Consult with Ahpra to identify if the information provided by Ahpra to QScript about health practitioners could be restricted to remove information that is not relevant to QScript.  Implement rules to restrict the use of information collected from Ahpra which is not necessary for the operation of QScript.	The Department will investigate the feasibility of restricting the collection of information from Ahpra in consultation with the vendor.
2	Collection notices may become outdated if system changes occur.	Privacy collection notices should be periodically reviewed to ensure that they accurately describe the collections, uses and disclosures of information as part of QScript.  Review and update the privacy script to be read to users calling Chief Medical Officer and Healthcare Regulation Branch of the Department for QScript information.	The Department will proactively review privacy collection notices and scripting as a component of planning for system changes.
3	The public is unlikely to see collection notices contained on the QScript website. Even if the collections, uses and disclosures are all authorised by law, transparency is likely to support community acceptance of QScript.	The Department should consider ways to engage with patients, health practitioners who do not register with QScript, and the general public to communicate the collection notice information.	The Department is implementing a range of proactive communications with health practitioners, including targeted consumer information to broaden the reach of communications.

#	Privacy impact identified	Recommendation	Department response
4	System changes may result in QScript collecting information that is not consistent with the requirements for prescribing or dispensing records.	Any changes to data fields to be collected by QScript be checked against the authorising environment to ensure that the collection continues to be authorised by law.	The Department is building in processes that privacy implications are considered in relation to any system changes. Including that data changes are authorised by law.
5	Given the large amount of health and personal information held in QScript, there is a risk of 'function creep'.	Any proposed changes to uses or disclosures of information in QScript must be reviewed from a privacy and human rights perspective prior to being implemented.	The Department is building in processes that ensure proposed changes to uses or disclosures of information in QScript must be reviewed from a privacy and human rights perspective.
6	There is no specific offence for a user improperly accessing QScript, which means that a user may not appreciate the application of section 408E in the Criminal Code (using a restricted computer without the consent of the controller) to QScript.	The health practitioner collection notice and Terms of Access and Use make it very clear that improper use of QScript is an offence with significant penalties, and reference section 408E in the Criminal Code.	The Department has updated the health practitioner collection notice and Terms of Access and Use to explicitly state that unauthorised use is an offence under section 408E Criminal Code.
7	The business rules for QScript will determine when an alert is generated. Errors in these business rules or a malfunction in their design could lead to erroneous alerts and the disclosure of information in QScript to a health practitioner that is not relevant to a patient's care.	Business rules should be periodically reviewed to ensure a high degree of confidence in their application.	The Department will routinely review reports related to QScript alerts to monitor and identify any anomalies. In addition, health practitioners are able to directly report any potential data issues. Regulator users are monitoring system performance routinely as part of compliance activities.
8	Health practitioners may not anticipate that QScript will collect and display to other practitioners that the health practitioner had viewed (even if the practitioner did not prescribe or dispense a monitored medicine) a record.	Update the collection notice for health practitioners to ensure that health practitioners realise that accessing a patient's record will be recorded by QScript and disclosed to other health practitioners (even if no prescription or dispensing activity occurred) who later access the patient's record for	The Department has updated the health practitioner collection notice to explicitly state that QScript will log the use of the system by registered users including the details of the records accessed even if there is no prescribing or dispensing activity undertaken.



#	Privacy impact identified	Recommendation	Department response
		the purposes of facilitating communication between practitioners about patient care.	
9	There is a risk that information (e.g., approvals, Queensland Opioid Treatment Program episodes and correspondence between QScript and a health practitioner) will be improperly linked to a patient or health practitioner's profile on QScript by a technical fault or human error. This would result in inappropriate disclosure of information to a user.	The Department institute processes and training for Department users to reduce the risk of error and regularly remind users of privacy/confidentiality obligations. Consider including 'privacy' as an agenda item at team meetings to identify privacy risks in the work area and to promote privacy awareness session within QScript team.	Regulator users applying for access to QScript must complete the Acknowledgement of Confidentiality and Privacy Obligations form as part of the onboarding requirement.  The Department is creating a central repository of QScript work instructions for regulator users to ensure consistency of approaches in relation to privacy and confidentiality.  The Department will investigate training opportunities (in addition to mandatory training requirements) to strengthen team members understanding of privacy obligations.
10	Dispensers practising in a public sector hospital are not required to provide to QScript information in a dispensing record for a monitored medicine for a patient. This poses a risk to data quality that not all relevant dispensing information will be included in QScript.	The Department consider enabling (and then requiring) dispensers in public sector hospitals to participate in QScript.	The upload of dispensing records in public hospitals is dependent on the technical upgrades to relevant public sector software systems. The Department will continue to monitor progress and liaise with eHealth Queensland to ensure future system requirements enable dispensing event uploads. Consideration will be given to amendment of regulatory requirements to support mandatory upload.
11	Relevant sections of the approval documents will be manually entered into QScript and visible to health practitioners. This poses a risk of error in transcription and a delay to real-time upload.	The Department should investigate moving to an electronic process of requesting and granting approvals, such that data fields can be automatically populated in QScript. In the	The Department will consider system enhancements to support electronic processes for submitting approval applications within the constraints of available resources.



#	Privacy impact identified	Recommendation	Department response
		meantime, processes for double checking data entry should be employed.	
12	There is a risk that the email address for health practitioners held by Ahpra is a shared practice email or home email address.	Work with Ahpra to ensure that communications to health practitioners include a requirement that the email address held by Ahpra is a personal email address, accessible only by the health practitioner.	The Department will liaise with Ahpra to confirm current practices regarding nominated email addresses and if necessary, explore the potential to place restrictions on email addresses for use on registration.
13	There is a risk that users may continue to have access to QScript after they have left a role for which they require access.	Department to consider implementing an off-boarding process such that Department users are blocked from accessing QScript as they leave employment, or their contract ends, in a role that has a legitimate need to access QScript. Alternatively the access form could be populated with an end date for those users who have defined contract periods.	The Department will continue to implement an offboarding process that meets privacy requirements.
14	Information may be provided to a QScript user over the telephone if they call CMOHRB requesting this information. The Department is authorised to give information to a user however this poses a security risk in verifying the identity of the user.	A reliable method of verifying user identity will need to be established. Only limited health information should be disclosed over the telephone, and users should be encouraged to use QScript.	The Department will prepare a work instruction that provides guidance to regulator users on how information is to be managed and disclosed including verification of user identity.
15	The Department should be open in its policies and management of personal information.	Department to consider publicly releasing a summary of this PIA.	This summary has been prepared and publicly released with the support of the Department.