

Rachel Flynn
Acting Director of Health Information
Health Information and Quality Authority
George's Court
George's Lane
Smithfield
Dublin 7

24th April 2015

Re: Draft Information Governance and Management Standards for the Health Identifiers Operator in Ireland

Dear Ms Flynn

The Pharmaceutical Society of Ireland (PSI) as the independent statutory body, established by the Pharmacy Act 2007 charged with and accountable for, the effective regulation of pharmacists and pharmacies in their delivery of pharmacy services in Ireland, welcomes the opportunity to provide comment on the Draft Information Governance and Management Standards for the Health Identifiers Operator in Ireland. The PSI recognises the aim of introducing unique health identifier numbers for patients utilising health and social care services, and professionals and organisations delivering such services, has the potential to significantly enhance patient safety.

The use of appropriate technologies to support and develop evolving models of integrated care is laudable from a patient care and safety perspective. The importance of the role and function of HIQA in the context of the setting of standards in this matter and in the context of the wider health care services environment is recognised. From a national perspective, this is obviously a strategic plan where the implementation has huge organisational, procedural and technological requirements.

The PSI carries out its role in the public interest to protect the health, safety and welfare of the public by regulating the pharmacy profession and pharmacies. Under the Pharmacy Act, the PSI is required to:

- maintain registers of pharmacists, pharmaceutical assistants and pharmacies;
- prescribe the qualifications required for practice as a pharmacist, set high standards of training and education for those seeking to qualify as pharmacists, accredit education and training programmes leading to qualification and ensure that pharmacists undertake appropriate continuing professional development;
- ensure compliance with the pharmacy and medicines laws of the State;
- set professional standards and provide advice and guidance in relation to pharmacy practice;

- receive and act on complaints and information about the competence and conduct of pharmacists and pharmacy owners and conduct inquiries into complaints and impose sanctions as appropriate;
- report and be accountable to the Minister for Health, the Department of Health, and to the Oireachtas.

The primary role of the PSI Council is the protection of public health and the assurance of patient safety through the effective regulation of the profession and practice of pharmacy. From the perspective of the introduction of unique health identifier numbers the PSI notes its anticipated role as a Trusted Source in the context of the creation of the National Register of Health Service Provider Identifiers. The operational and procedural dimensions of this must be clearly worked out and understood by everyone concerned. This will arise for all regulators in this domain.

The inter-organisational sharing of data which would appear to be necessary for the actual composition of the registers and the adequate protection of the principles of confidentiality pertaining to the furnishing and distribution of such information will need to be governed by processes which are in line with international best practice in the area of Information Governance. On this basis and in the context of the document on which HIQA is consulting, there does not appear to be anything in it we would disagree with in principle. The document is well structured and easy to read, particularly given the constraints of the subject matter being dealt with.

From the perspective of pharmacy in general, the implications of the introduction of unique identifiers must not be understated, as the interaction and transactions at patient level in the pharmacy practice environment are significant both in volume and complexity. The role of the pharmacist as one of the most easily accessible health care providers is acknowledged and the implicit obligations that may arise in the use of the identifier may need further exploration in this context. This may be of relevance in the context of the standard 1.2 as the necessity for clear communication in accordance with this standard is paramount. The obligation imposed in this standard will be key to the engagement of patients and the public. It is here at the most basic dealings that the identifier will play a major part between all the participants and stakeholders, and this must have a prominent role in any implementation plan.

I note the comment in the consultation documents that the introduction of unique identifiers will progress the agenda of the facilitation and development of electronic prescribing. In this context, I look forward to further advancements and welcome further opportunity to participate in, and contribute to, developments in this area.

Yours sincerely

Marita Kinsella

Registrar