



Business Requirements Definition

Electronic Transfer of Prescription 1.1

Version 1.1 — 17 December 2010

Final

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1 Introduction

1.1 Purpose

The purpose of this document is to define the high-level business processes and business requirements for the Electronic Medications Management (eMM) program of work; namely, an Electronic Transfer of Prescriptions (ETP) framework largely independent of care setting.

These requirements in turn will support the following goals:

- To capture the business needs of the stakeholders.
- To define the focus of the detailed requirements
- To serve as a product validation check

1.2 Intended audience

This document is intended for stakeholders associated with the development of the ETP program of work including:

- Clinicians interested in Health Informatics
- Owners and managers of healthcare services
- Relevant healthcare software developers
- Healthcare regulators and administrators.

1.3 Scope

The primary purpose of the package is to facilitate the transfer of Prescriptions between organisations (i.e. it is not intended to be used for intra-organisation Medication orders).

The scope of this document is to define the business processes and business requirements necessary to transfer and manage Prescription information in an electronic manner between care settings.

The business processes depict the activities required to achieve a specific goal in current clinical practices. The intent is not to re-engineer these processes, but to make them safer and more efficient by introducing electronic channels of communication. The process diagrams are accompanied by activity descriptions that mention how the introduction of the electronic channel applies to certain activities.

In particular, the following processes were analysed and depicted in this document:

- Prescribe and Dispense – Subject of Care Managed
 - This process depicts the end-to-end process of prescribing and dispensing in settings where the Subject of Care manages the supply process. This is typical in community, outpatient, and some discharge settings.
- Prescribe and Dispense – Facility Managed
 - This process depicts the end-to-end process of prescribing and dispensing in settings where the supply process is managed by a healthcare facility with the express consent of the Subject of Care. This typical in private hospital and residential care settings.

The business requirements describe the high level needs of business stakeholders in order to attain an effective ETP solution.

1.4 Interoperability Principles

The ETP business processes and requirements rely upon, and require the usage of, National E-Health Transition Authority (NEHTA) national infrastructure capabilities designed to enable functional and semantic interoperability.

By doing so, all participating ETP systems have the ongoing ability to exchange information securely, efficiently, and in a way that is consistently and unambiguously understood by all ETP participants.

ETP requires the use of the following national infrastructure services:

- Individual Healthcare Identifier (IHI) for the identification of a Subject of Care
- Healthcare Provider Individual (HPI-I) for the identification of Prescribers and Dispensers
- Healthcare Provider Organisation (HPI-O) for the identification of the organisation that provides healthcare services to the Subject of Care (e.g. Agent Organisations [AO] such as Aged Care Facilities)
- National Clinical Terminology and Information Service (NCTIS) for describing clinical information consistently and unambiguously.¹
- Secure messaging specifications for the safe and efficient exchange of information between the Electronic Prescribing System (EPS), Electronic Dispensing System (EDS), Prescription Exchange Service (PES), and the Agent Organisation System (AOS).
- National Authentication Service for Health (NASH) for an authentication mechanism based on digital certificates to assert the identities of ETP participants.

1.5 Assumptions and Constraints

The requirements contained in this document are based upon the following assumption:

- Each Electronic Prescription contains only one Medication item.

1.6 Questions and feedback

This document is based on stakeholder input and aims to accurately communicate the existing processes and requirements of business stakeholders. As such, NEHTA values feedback about the suitability and completeness of these requirements. Please email your questions or feedback to Medication.management@nehta.gov.au for response.

¹ This incorporates use of the Australian Medicines Terminology (AMT) for expressing prescribed and dispensed Medications, and SNOMED-CT for the resolution of other clinical concepts within scope for ETP.

1.7 Document map

The following diagram represents the relationship between this document and others within the Electronic Transfer of Prescription Release 1.1 package.

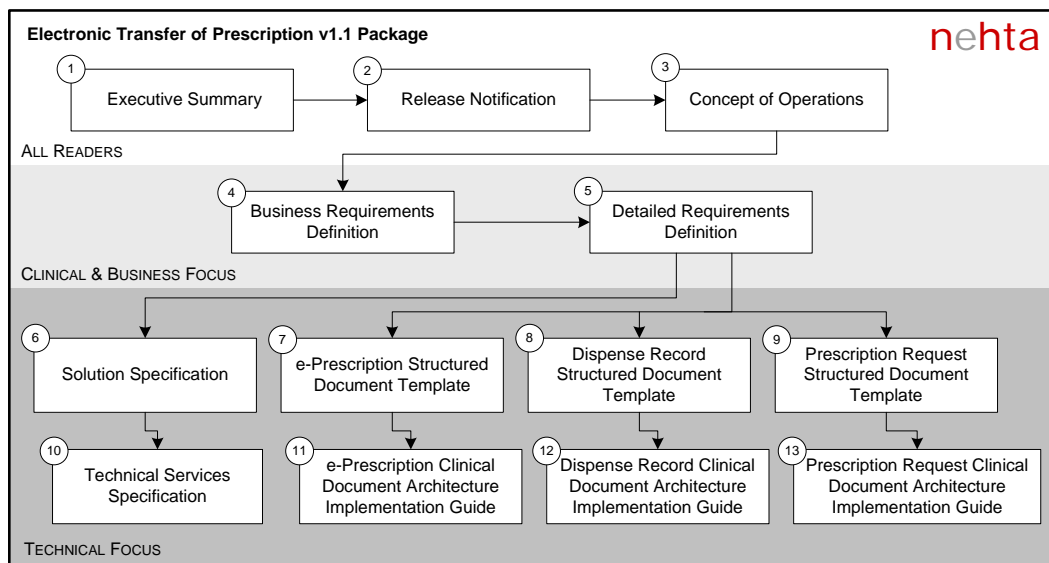


Figure 1 ETP - Document Map

2 Domain View

This section introduces the key information concepts and the participants that generate and consume this information within the ETP domain.

2.1 ETP Information Concepts

The following information concepts are used within the domain.

2.1.1 Prescription

A formal order for a single Medication to be dispensed and supplied to the Subject of Care or their Agent.

2.1.1.1 Number of Remaining Dispenses

A Prescription may be dispensed a number of times according to any specified number of repeats.

This is managed as a count. ETP refers to this count as the 'number of remaining dispenses'. This is a logical representation of a value that is initiated when a Prescription is created.

With each successful dispense, this count is reduced by one.

When the number of the repeat is reduced, this count is also reduced accordingly.

If a successful Dispense Record is reversed, then this count is increased.

2.1.2 Medication

A general concept that embodies all therapeutic and medicinal items, which can be prescribed for the treatment of the Subject of Care.

A Medication may include prescribable medical and surgical consumables such as tablets, ointments, dressings, bandages, etc.

2.1.3 Observation

Relevant clinical observations made in relation to a Subject of Care, which add important clinical value in the prescribing and dispensing process.

2.1.4 Dispense Record

Embodies all the attributes that describe the successful dispense of a Prescription. This provides a formal record of dispense which can be made available as part of a Prescription dispense history.

2.1.5 Dispense Event

Embodies the real-world activity of a Dispenser's attempt to dispense a prescribed Medication to the Subject of Care.

With ETP, the event commences with presentation of the Prescription Document Access Key (DAK) to the Dispenser.

The event is completed via one of two possible outcomes:

1. Successful dispense of Medication to the Subject of Care or their agent, resulting in the creation of a Dispense Record
2. Unsuccessful dispense resulting in no Dispense Record being created.

2.2 ETP Participants

The following sections describe the participants and their roles within the domain.

2.2.1 Subject of Care

An individual undergoing Medication treatment under the supervision of a healthcare provider.

2.2.2 Prescriber

Individual provider approved to prescribe Medication to the Subject of Care. The Prescriber uses the EPS to manage Medication information (e.g. create the Prescription).

2.2.3 Dispenser

Individual provider approved to dispense and supply prescribed Medication to a Subject of Care. The Dispenser uses the EDS to manage Medication information.

2.2.4 Provider Organisation

The organisation that is associated with (e.g. employs) the Prescriber or the Dispenser.

2.2.5 Agent

A parent, guardian, or some other person acting on behalf of a Subject of Care with their consent for obtaining supply of the prescribed Medication.

2.2.6 Agent Organisation (AO)

The organisation that represents the Subject of Care in managing their Medication needs. Examples include Aged Care Facilities.

The AO may use their system to manage Medication information of the Subject of Care.

2.2.7 Prescription Exchange Service

An e-Health Service that supports defined interfaces and services to facilitate the transfer of electronic prescriptions and related information between Prescribers and Dispensers.

2.2.8 Electronic Prescribing System

A component of a clinical information system used to prescribe Medications.

2.2.9 Electronic Dispensing System

A component of a clinical information system used to dispense Medications.

2.2.10 Agent Organisation System

The system the AO uses to manage Prescriptions.

3 Business Processes- ETP

The following diagrams show the process flows required for the successful operation of the ETP framework in both the Subject of Care and Facility Managed care settings.

3.1 Prescribe and Dispense - Subject of Care Managed Supply

This diagram shows the high-level activities and inter-relationships between the entities that comprise prescribing and dispensing.

This diagram serves as the basis for more detailed processes, as illustrated in the following diagrams.

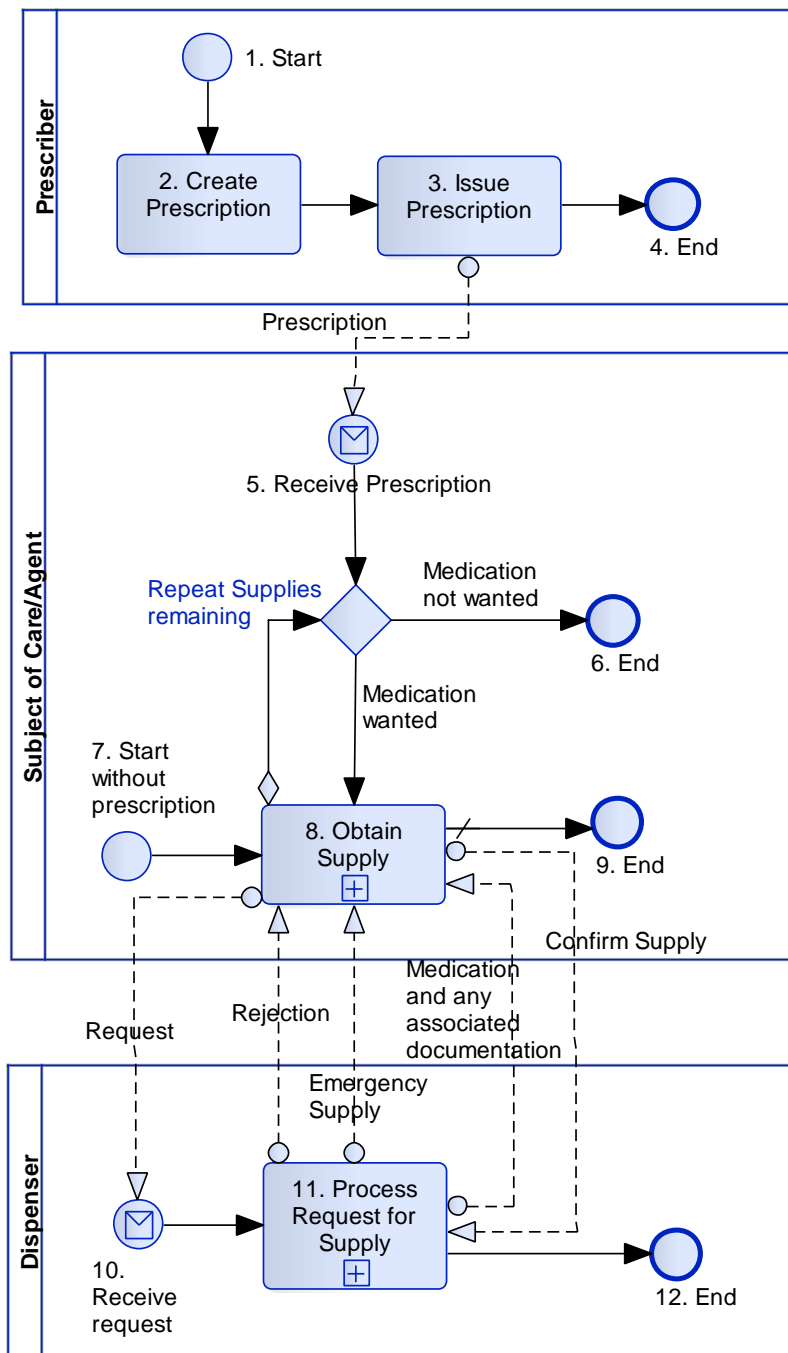


Figure 2: Prescribe and Dispense - Subject of Care Managed Supply

#	Description
1.	<p>Start</p> <p>The process begins with the Prescriber deciding to prescribe a Medication for the Subject of Care. The consultation with the Subject of Care occurs prior to this stage of this process.</p>
2.	<p>Create Prescription</p> <p>The Prescriber creates and signs the Prescription.</p> <p>With ETP, the Prescriber will be able to create and sign an electronic Prescription and lodge it in the Prescription Exchange Service (PES).</p>
3.	<p>Issue Prescription</p> <p>The Prescriber issues the Prescription to the Subject of Care.</p> <p>With ETP, the Prescriber will be able to lodge the electronic Prescription in a PES and provide a paper or electronic notification of the Prescription to the Subject of Care.</p> <p>The paper or electronic notification includes a Document Access Key (DAK) to enable Dispensers to download the signed electronic Prescription from the PES.</p>
4.	<p>End</p> <p>The Prescriber's involvement ends after issuing the Prescription. Note, however, that the Prescriber may become involved again within the subprocess 'Process Request for Supply' if the Dispenser should need to seek clarification.</p>
5.	<p>Receive Prescription</p> <p>The Subject of Care's involvement in this process commences when he or she receives the Prescription from the Prescriber.</p> <p>With ETP, the Subject of Care may receive a paper or electronic notification of an electronic Prescription from the Prescriber.</p>
6.	<p>End</p> <p>If the Subject of Care does not want the Medication and decides not to request supply, the process ends.</p>
7.	<p>Start without Prescription</p> <p>The Subject of Care may start the process without receipt of a Prescription.</p>
8.	<p>Obtain Supply</p> <p>The Subject of Care may request supply of the Medication directly from a Dispenser. They may or may not present a valid Prescription when making this request. The Dispenser may supply the Medication along with any documentation related to repeat supplies; they may reject the request; or they may provide an emergency supply. If there are dispenses remaining for the Prescription, the process continues. These outcomes are explained in more detail in activities 9 to 12 in the 'Process Request for Supply' business process.</p> <p>With ETP, the Subject of Care may present a paper or electronic notification of an electronic Prescription when requesting supply.</p>

#	Description
9.	<p>End</p> <p>If there are no dispenses remaining for the Prescription, the process ends.</p>
10.	<p>Receive Request</p> <p>The Dispenser's involvement in this process commences when he or she receives the request for supply from the Subject of Care.</p>
11.	<p>Process Request for Supply</p> <p>The Dispenser considers the request for supply and decides on the appropriate course of action. This is detailed in the process 'Process Request for Supply'. Depending upon the outcome, the Dispenser may supply the Medication along with any documentation related to repeats, may refuse the request, or may provide an emergency supply.</p>
12.	<p>End</p> <p>After processing the request for supply, the Dispenser's involvement ends.</p>

3.1.1 Process Request for Supply

This subprocess expands upon the 'Process Request for Supply' activity performed by the Dispenser in response to a Subject of Care's request to supply Medication.

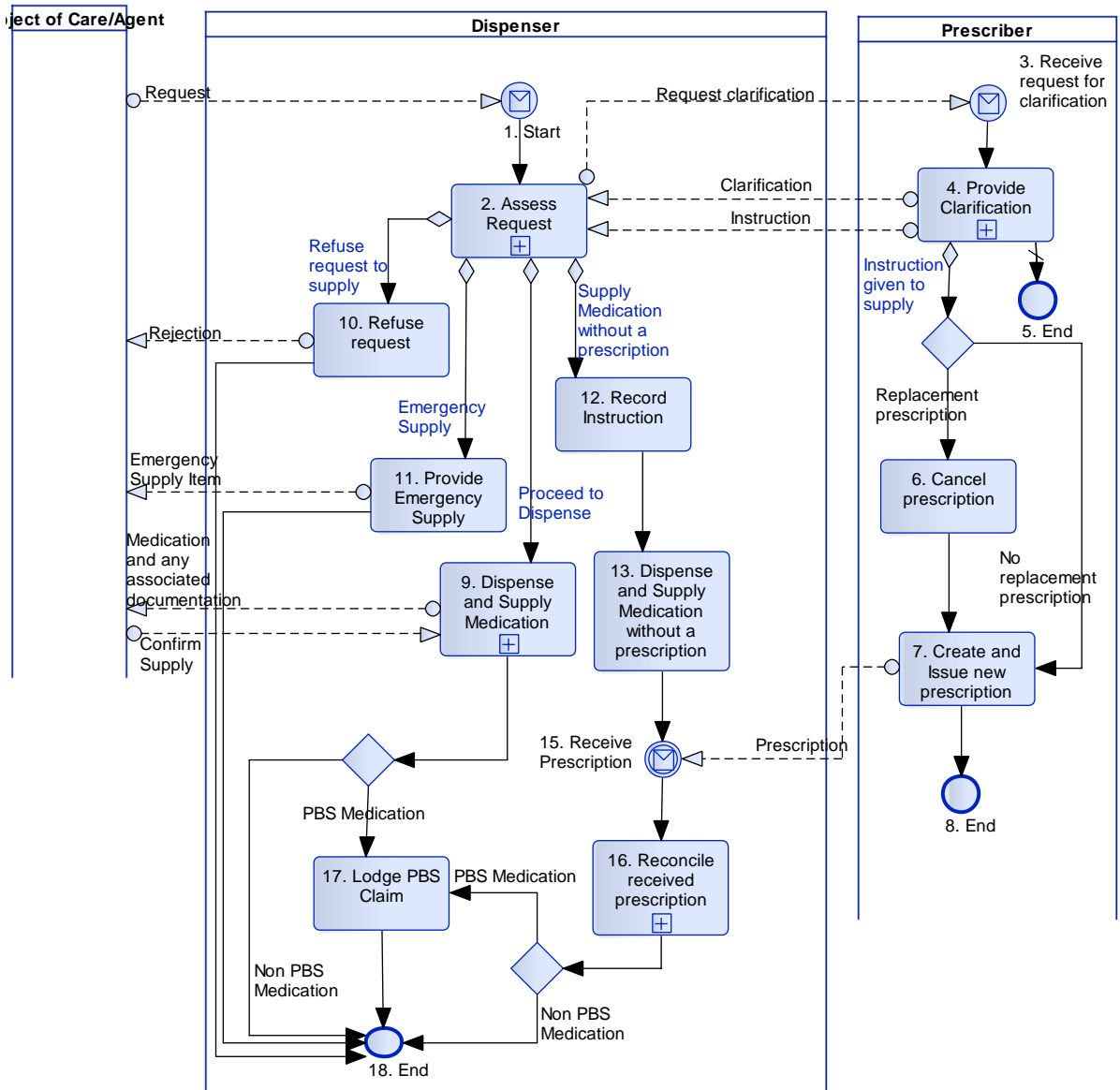


Figure 3: Process Request for Supply

#	Description
1.	<p>Start</p> <p>The Dispenser starts this subprocess in response to the Subject of Care/Agent's request to supply Medication. The request may be made with or without the surrender of the Prescription to the Dispenser.</p>
2.	<p>Assess Request</p> <p>The Dispenser assesses the request (for Medication, made by the Subject of Care/Agent) and determines the appropriate course of action as follows:</p> <ul style="list-style-type: none"> • If a Prescription is presented and the Dispenser does not require any clarification, the Dispenser may decide to proceed to dispense • If clarification is required, the Dispenser seeks clarification from the Prescriber; depending upon the clarification received, the Dispenser may decide to proceed to dispense, the Prescriber may instruct the Dispenser to supply different Medication without a Prescription, or the Dispenser may

#	Description
	<p>decide to refuse the request to supply</p> <ul style="list-style-type: none"> • If the Prescription is not presented by the Subject of Care/Agent, the Dispenser may decide to refuse the request to supply, or may judge it appropriate to provide an emergency supply • If the Subject of Care/Agent does not have a valid Prescription, the Dispenser may decide to seek clarification from the Prescriber; if the Prescriber is uncontactable, the Dispenser may judge it appropriate to provide an emergency supply or decide to refuse the request to supply • If contact is successfully made, the Dispenser informs the Prescriber about the request, and the Prescriber may instruct the Dispenser to supply Medication without a Prescription; otherwise, the Dispenser may decide to refuse the request to supply.
3.	<p>Receive Request for Clarification</p> <p>The Prescriber's involvement in this subprocess commences when he or she receives a request for clarification from the Dispenser.</p>
4.	<p>Provide Clarification</p> <p>The Prescriber provides clarification to the Dispenser regarding the request to supply and the associated Prescription (if any). If the Subject of Care/Agent is not in possession of a valid Prescription, or the Prescriber decides to change Medication, the Prescriber may instruct the Dispenser to supply Medication without a Prescription. If so, the Prescriber is legally obliged to subsequently create and issue a new Prescription.</p>
5.	<p>End</p> <p>Unless they instructed the Dispenser to supply Medication without a Prescription, the Prescriber's involvement in this subprocess ends.</p>
6.	<p>Cancel Prescription</p> <p>If the Prescriber instructed the Dispenser to supply Medication without a Prescription, and this Medication is intended to replace a previously prescribed Medication, the Prescriber cancels the previous Prescription. Currently this can only be done by asking the Dispenser to destroy the paper Prescription.</p> <p>With ETP, the Prescriber will be able to directly cancel the Electronic Prescription, thus preventing any further dispensing.</p>
7.	<p>Create and Issue new Prescription</p> <p>If the Prescriber instructed the Dispenser to supply Medication without a Prescription, the Prescriber creates and issues a new Prescription and sends it to the Dispenser.</p> <p>With ETP, the Dispenser will be able to electronically request a Prescription in response to the Prescriber's instruction, and the Prescriber will be able to respond to this request with the DAK for the new Prescription.</p>
8.	<p>End</p> <p>Upon issue of the new Prescription, the Prescriber's involvement in this subprocess ends.</p>

#	Description
9.	<p>Dispense and Supply Medication</p> <p>If, at activity 2, the Dispenser decided to proceed to dispense, the Dispenser dispenses and supplies the Medication as described in the subprocess 'Dispense and Supply Medication'.</p>
10.	<p>Refuse request</p> <p>If at activity 2, the Dispenser decided to refuse the request to supply Medication, the Dispenser informs the Subject of Care/Agent.</p>
11.	<p>Provide Emergency Supply</p> <p>If at activity 2, the Dispenser judged it appropriate to provide an emergency supply, the Dispenser does so. Emergency supplies are limited to 3 days supply, there is no PBS benefit payable, and no Prescription is created.</p> <p>ETP does not deal with Emergency Supply.</p>
12.	<p>Record Instruction</p> <p>If at activity 2, the Dispenser received an instruction to supply Medication without a Prescription, the Dispenser records this instruction.</p> <p>Note that recording the Prescriber's instruction does not constitute a Prescription. The Prescriber has given instruction to dispense without the surrender of a Prescription. The Prescriber is required to submit a Prescription for that dispense.</p> <p>With ETP, the Dispenser may record this instruction in their electronic dispensing system in order to generate an electronic request for Prescription.</p>
13.	<p>Dispense and Supply Medication without a Prescription</p> <p>The Dispenser dispenses and supplies the Medication in accordance with the Prescriber's instruction. The process then waits until the Dispenser receives the Prescription from the Prescriber.</p> <p>With ETP, the Dispenser can send an electronic request for Prescription to the Prescriber. The request contains details of the Prescriber instruction and is formed such that the Prescriber can quickly and easily turn it into a signed electronic Prescription and send the DAK back to the Dispenser.</p>
14.	<p>Receive Prescription</p> <p>The Dispenser receives the Prescription from the Prescriber that relates to the previous instruction to supply Medication without a Prescription. The Dispenser then continues to complete the process.</p> <p>With ETP, the Dispenser can receive the DAK for the electronic Prescription from the Prescriber in response to the previous electronic request for Prescription.</p>
15.	<p>Reconcile received Prescription</p> <p>The Dispenser reconciles the received Prescription with the previous record of dispense without Prescription. If the Prescription does not match the dispense, the Dispenser takes the appropriate action to obtain the correct Prescription and complete the reconciliation.</p> <p>With ETP, if the Dispenser receives the DAK for the electronic Prescription in response to the previous electronic request, the dispensing system can automatically match the Prescription and the</p>

#	Description
	<p>Dispense Record. The Dispenser must still manually verify that (a) the clinical content of the Prescription and (b) the Dispense Record match before completing the reconciliation.</p> <p>Once the reconciliation is complete, the dispensing system electronically lodges the Dispense Record with the PES.</p>
16.	<p>Lodge PBS Claim</p> <p>Subsequent to completing supply of PBS Medication (and reconciling the Prescription issued after a Prescriber instruction to supply without Prescription) the Dispenser lodges the claim with either the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS).</p> <p>With ETP, the opportunity exists to make this claim process paperless. This opportunity is the subject of ongoing consultation with government agencies.</p>
17.	<p>End</p> <p>Upon completion of processing the request to supply Medication, this subprocess ends.</p>

3.1.2 Dispense and Supply Medication

This subprocess expands upon the 'Dispense and Supply Medication' activity performed by the Dispenser after having

- Assessed the request to supply
- Decided to proceed to dispense.

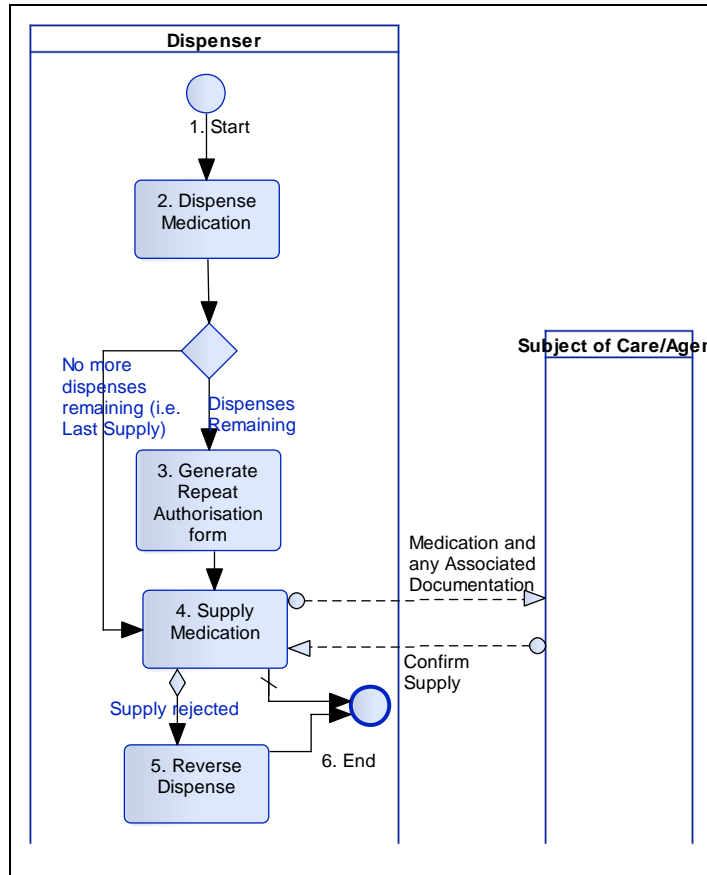


Figure 4: Dispense and Supply Medication

#	Description
1.	<p>Start</p> <p>The Dispenser starts this subprocess having decided to proceed to dispense.</p>
2.	<p>Dispense Medication</p> <p>The Dispenser dispenses the Medication in accordance with the Prescription presented by the Subject of Care.</p> <p>With ETP, the Subject of Care presents the paper or electronic notification of the electronic Prescription containing the DAK. The Dispenser can use the DAK to download the electronic Prescription and automatically populate the dispensing form(s) in the dispensing system. The previous dispensing history for the Prescription is also downloaded for the Dispenser to review.</p> <p>Upon completion of the dispense, the dispensing system electronically lodges the Dispense Record in the PES.</p>
3.	<p>Generate Repeat Authorisation form</p> <p>If there are dispenses remaining, the Dispenser generates a repeat authorisation form for the remaining dispenses.</p> <p>With ETP, the PES tracks the number of remaining dispenses based upon the lodged electronic Dispense Records. This removes the need for a formal repeat authorisation form. However, Dispensers can still provide a paper or electronic record of the remaining dispenses for the Subject of Care’s convenience.</p>
4.	<p>Supply Medication</p>

#	Description
	<p>The Dispenser supplies the Medication to the Subject of Care along with any documentation relating to remaining dispenses (the duplicate Prescription and repeat authorisation). The Subject of Care confirms supply.</p> <p>With ETP, no formal documentation is provided in relation to remaining dispenses. However, the Dispenser may provide a paper record for the Subject of Care's convenience.</p> <p>NEHTA continues to consult with industry and governments to determine practical options for the electronic confirmation of supply by the Subject of Care.</p>
5.	<p>Reverse Dispense</p> <p>If the Subject of Care rejects the Medication, the Dispenser reverses the dispense.</p>
6.	<p>End</p> <p>Upon confirmation of supply or reversal of dispense, this subprocess ends.</p>

3.2 Prescribe and Dispense - Facility Managed Supply

In scenarios where the Subject of Care has consented to receiving healthcare from a Provider Organisation such as a Private Hospital or an Aged Care Facility, the Prescriber may issue the Prescription to that facility rather than directly to the Subject of Care. Further, the Subject of Care may have also consented for the facility to act as their agent in managing the supply of their Medication.

For simplicity, the following cases are not shown; as these are essentially the same as in the Subject of Care managed process when they are applicable:

- Emergency supply
- Clarification
- Repeat authorisation
- Confirmation of supply
- Reversal of dispense
- PBS claim

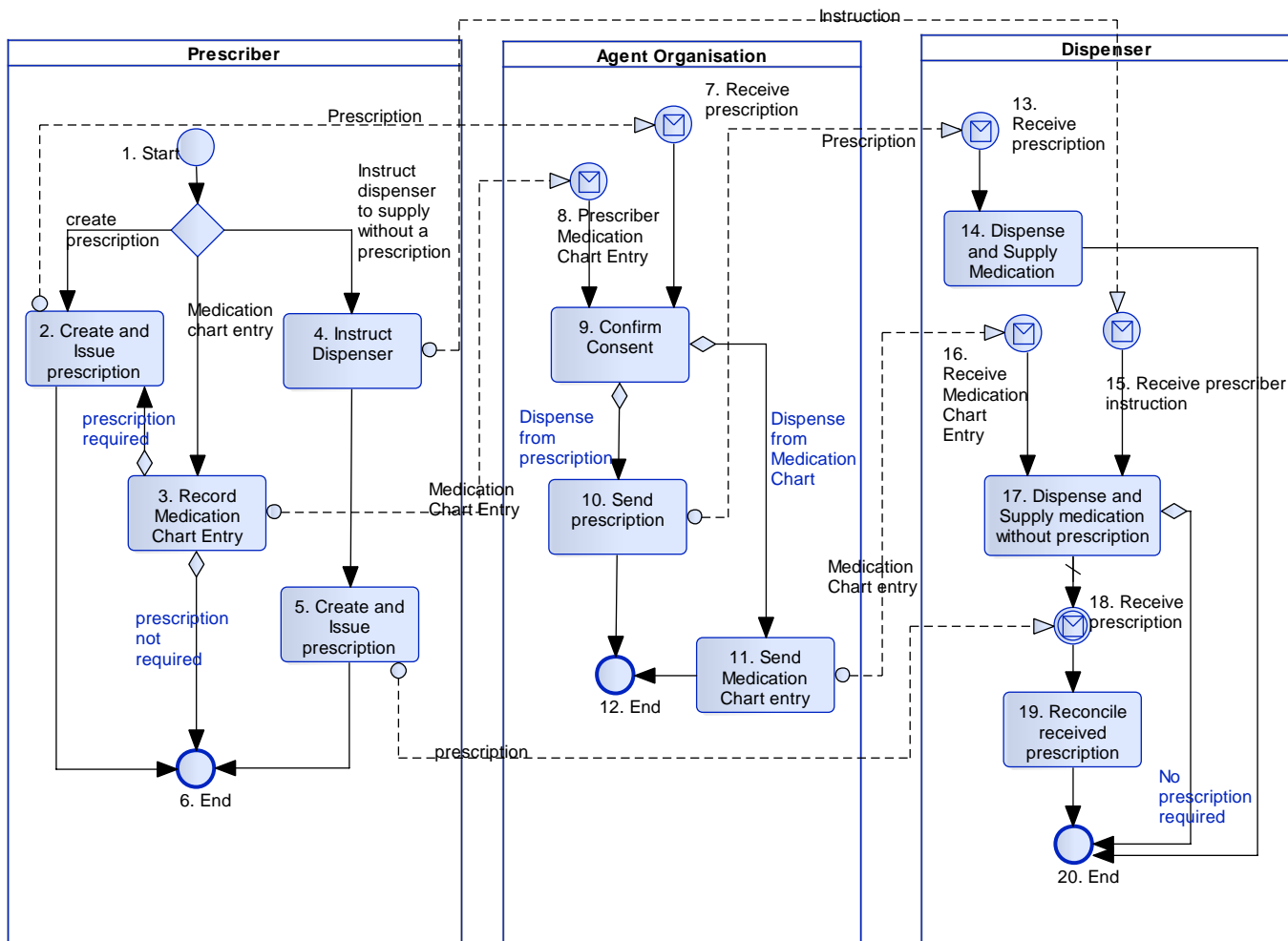


Figure 5: Prescribe and Dispense - Facility Managed Supply

#	Description
1.	<p>Start</p> <p>The process begins with the Prescriber's intent to prescribe Medication for the Subject of Care. The consultation with the Subject of Care occurs prior to the start of this process.</p> <p>Having made the decision to prescribe Medication, depending upon the circumstances, the Prescriber may create and issue a Prescription, record an entry in the Medication Chart, or instruct the Dispenser to supply Medication without a Prescription.</p>
2.	<p>Create and Issue Prescription</p> <p>The Prescriber creates and signs the Prescription and sends it to the AO (in the case of a private hospital, this simply involves giving it to the appropriate person).</p> <p>With ETP, the Prescriber will be able to create and sign an electronic Prescription, lodge it in the PES, and send an electronic notification of Prescription including the DAK to the AO.</p>
3.	<p>Record Medication Chart Entry</p> <p>The Prescriber records the Medication on the Agent Organisation's Medication Chart for the Subject of Care. In many circumstances, the Prescriber is legally obliged to subsequently create and issue a new Prescription.</p> <p>ETP does not deal directly with Medication Chart entries. When the</p>

#	Description
	<p>Prescriber is not required to follow up the Medication Chart entry with a Prescription, there will be no ETP involvement. Note, however, that as policy reforms (particularly with respect to aged care) increase the opportunities for the use of the Medication Chart as the authorised Prescription, the ETP framework can be employed to generate electronic Prescriptions directly from an electronic Medication Chart. NEHTA will continue to work with governments and industry to identify the options for supporting these proposed reforms.</p>
4.	<p>Instruct Dispenser</p> <p>The Prescriber contacts the Dispenser directly and instructs them to supply the Medication without a Prescription. The Prescriber is legally obliged to subsequently create and issue a new Prescription.</p>
5.	<p>Create and Issue Prescription</p> <p>If the Prescriber instructed the Dispenser to supply Medication without a Prescription, the Prescriber creates and issues a new Prescription and sends it to the Dispenser.</p> <p>With ETP, the Dispenser will be able to electronically request this new Prescription, and the Prescriber will be able to respond to this request with the DAK for the new Prescription.</p>
6.	<p>End</p> <p>The Prescriber's involvement ends after issuing the Prescription.</p>
7.	<p>Receive Prescription</p> <p>The Agent Organisation's involvement commences upon receipt of the Prescription from the Prescriber.</p> <p>With ETP, the Agent Organisation receives an electronic notification of Prescription including the DAK directly from the Prescriber organisation.</p>
8.	<p>Prescriber Medication Chart Entry</p> <p>The Agent Organisation's involvement commences upon the Medication Chart entry being made by the Prescriber.</p>
9.	<p>Confirm Consent</p> <p>The Agent Organisation checks that this particular Subject of Care has provided explicit consent for the Agent Organisation to obtain supply on the Subject of Care's behalf. This check is usually not required in a private hospital.</p>
10.	<p>Send Prescription</p> <p>The Agent Organisation sends the Prescription to the Dispenser. If the Subject of Care has not provided consent, the Agent Organisation provides the Prescription to the Subject of Care or their nominated agent.</p> <p>With ETP, the Agent Organisation can simply on-forward the electronic notification of Prescription received from the Prescriber. If the Subject of Care has not provided consent, the Agent Organisation can provide a paper or electronic copy of the notification of Prescription to the Subject of Care or their nominated agent.</p>
11.	<p>Send Medication Chart Entry</p>

#	Description
	The Agent Organisation sends a copy of the Medication Chart entry to the Dispenser.
12.	<p>End</p> <p>The Agent Organisation's involvement in the process ends. Subsequent Medication administration is not shown in this process.</p>
13.	<p>Receive Prescription</p> <p>The Dispenser's involvement commences upon receipt of the Prescription from the Agent Organisation.</p> <p>With ETP, the Dispenser receives a notification of Prescription including the DAK from the Agent Organisation.</p>
14.	<p>Dispense and Supply Medication</p> <p>The Dispenser dispenses and supplies the Medication in accordance with the Prescription.</p> <p>With ETP, the Dispenser can use the DAK to download the electronic Prescription and automatically populate the dispensing form(s) in the dispensing system. The previous dispensing history for the Prescription is also downloaded for the Dispenser to review.</p>
15.	<p>Receive Prescriber Instruction</p> <p>The Dispenser's involvement commences upon receiving an instruction from the Prescriber to supply Medication without a Prescription.</p>
16.	<p>Receive Medication Chart Entry</p> <p>The Dispenser's involvement commences upon receiving a copy of the Medication Chart entry from the AO. The Dispenser treats this as an instruction from the Prescriber to supply Medication without a Prescription.</p>
17.	<p>Dispense and Supply Medication without Prescription</p> <p>The Dispenser dispenses and supplies the Medication in accordance with the Prescriber's instruction. The Dispenser then suspends the process until they receive the Prescription from the Prescriber.</p> <p>If the Prescriber is not required to follow up the Medication Chart entry with a Prescription, no reconciliation is required and the Dispenser's involvement in the process ends.</p> <p>With ETP, the Dispenser can send an electronic request for Prescription to the Prescriber. The request contains details of the Prescriber instruction and is formed such that the Prescriber can quickly and easily turn it into a signed electronic Prescription and send the DAK back to the Dispenser.</p>
18.	<p>Receive Prescription</p> <p>The Dispenser receives the Prescription from the Prescriber that relates to the previous instruction to supply Medication without a Prescription. The Dispenser then resumes the process.</p> <p>With ETP, the Dispenser can receive the DAK for the electronic Prescription from the Prescriber in response to the previous electronic request for Prescription.</p>
19.	<p>Reconcile Received Prescription</p> <p>The Dispenser reconciles the received Prescription with the previous</p>

#	Description
	<p>record of dispense without Prescription.</p> <p>With ETP, if the Dispenser receives the DAK for the electronic Prescription in response to the previous electronic request, the dispensing system can automatically match the Prescription and the Dispense Record. The Dispenser must still manually verify that the clinical content of the Prescription and the Dispense Record match before completing the reconciliation.</p> <p>Once the reconciliation is complete, the dispensing system electronically lodges the Dispense Record with the PES.</p>
20.	<p>End</p> <p>After either supplying Medication in accordance with the Prescription or reconciling the Prescription with the previous record of dispense, the Dispenser's involvement in the process ends.</p>

4 Business Requirements

The business requirements expressed in this document reflect the needs of the business users, constrained by policy/legislation, which are described by the sections of business needs and business rules respectively.

4.1 Business Needs

The following section describes the business needs for the ETP framework.

The business needs describe the capabilities required by the users of the ETP framework.

4.1.1 Create Prescription

Req No	004261	Priority	Unspecified
Create Prescription			
The Prescriber shall have the ability to create a complete Prescription that complies with relevant legislative and policy requirements.			

Req No	004379	Priority	Unspecified
Sign Prescription			
The Prescriber shall have the ability to sign a Prescription in a manner that complies with relevant legislative and policy requirements.			
Related Items	Child of: 004261. Create Prescription (Business Requirement)		

Req No	004650	Priority	Unspecified
View Prescription			
The Prescriber shall have the ability to review a Prescription they have issued previously or Prescriptions that the Prescriber has local access to based upon local organisational policies.			

4.1.2 Cancel Prescription

Req No	004380	Priority	Unspecified
Cancel Prescription			
The Prescriber and the Dispenser shall both have the ability to cancel a Prescription.			

4.1.3 Obtain Prescribed Medication

Req No	004263	Priority	Unspecified
Obtain Prescribed Medication			
The Subject of Care/Agent shall have the ability to get their prescribed			

Req No	004263	Priority	Unspecified
Obtain Prescribed Medication			
Medication supplied.			

4.1.4 Supply Medication

Req No	004381	Priority	Unspecified
Supply Medication			
The Dispenser shall have the ability to certify that the prescribed Medication item has been supplied to the Subject of Care/Agent.			

Req No	004264	Priority	Unspecified
Dispense Prescription			
The Dispenser shall have the ability to dispense an item on a Prescription.			
Related Items	Child of: 004381. Supply Medication (Business Requirement)		

Req No	004265	Priority	Unspecified
Record details of the dispense			
The Dispenser shall have the ability to record details of the dispensed Medication.			
Related Items	Child of: 004264. Dispense Prescription (Business Requirement)		

Req No	004412	Priority	Unspecified
Certify Dispense			
The Dispenser shall have the ability to certify the record of dispense.			
Related Items	Child of: 004265. Record Details of Dispense (Business Requirement)		

Req No	004329	Priority	Unspecified
Review Prescription			
The Dispenser shall have the ability to review a Prescription and its dispense history (prior to dispense).			
Related Items	Child of: 004264. Dispense Prescription (Business Requirement)		

Req No	004267	Priority	Unspecified
No Dispense			

Req No	004267	Priority	Unspecified
No Dispense			
The Dispenser shall have the ability to not dispense a Prescription based on their judgment.			
Related Items	Child of: 004264. Dispense Prescription (Business Requirement)		

Req No	004410	Priority	Unspecified
Reverse Dispense			
The Dispenser shall have the ability to reverse a successful dispense.			
Related Items	Child of: 004264. Dispense Prescription (Business Requirement)		

Req No	004411	Priority	Unspecified
Record Supply			
The Dispenser shall have the ability to record supply of a Medication.			
Related Items	Child of: 004381. Supply Medication (Business Requirement)		

Req No	004651	Priority	Unspecified
View Prescription and Previous dispenses			
The Dispenser shall have the ability to review a Prescription and the record of his or her previous dispenses from that Prescription.			

4.1.5 Dispense according to Prescriber Instruction

Req No	004273	Priority	Unspecified
Dispense according to Prescriber instruction			
The Dispenser shall have the ability to dispense in response to a Prescriber’s instruction (excluding written Prescriptions).			

Req No	004384	Priority	Unspecified
Record Prescriber Instruction			
The Dispenser shall have the ability to record the Prescriber's instruction.			
Related Items	Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)		

Req No	004274	Priority	Unspecified
Record dispense after Prescriber instruction			

Req No	004274	Priority	Unspecified
Record dispense after Prescriber instruction			
The Dispenser shall have the ability to record dispense action after Prescriber's instruction.			
Related Items	Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)		

Req No	004275	Priority	Unspecified
Reconcile Prescription			
The Dispenser shall have the ability to reconcile the new Prescription with the dispense and the Prescriber instruction.			
Related Items	Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)		

Req No	004271	Priority	Unspecified
Request a Prescription			
The Dispenser shall have the ability to request a new Prescription from a Prescriber after dispensing in accordance with a Prescriber's instruction.			
Related Items	Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)		

Req No	004276	Priority	Unspecified
Respond to request			
The Prescriber shall have the ability to respond to the Dispenser's request. The Prescriber may accept, deny or defer the response.			
Related Items	Child of: 004271. Request a Prescription (Business Requirement)		

Req No	005024	Priority	Unspecified
Specify reason for denying the request			
The Prescriber shall have the ability to specify a reason for denying a request made by the Dispenser.			
Related Items	Child of: 004276. Respond to request (Business Requirement)		

Req No	004278	Priority	Unspecified
Send replacement Prescriptions			
The Prescriber shall have the ability to send replaced/new Prescriptions to the Dispenser in response to a request resulting from a previous instruction			

Req No	004278	Priority	Unspecified
Send replacement Prescriptions			
to dispense.			
Related Items	Child of: 004271. Request a Prescription (Business Requirement)		

4.1.6 Facility Managed Supply

Req No	005233	Priority	Unspecified
Notify Agent Organisation			
The Prescriber shall have the ability to notify the Agent Organisation upon the creation of a Prescription.			

Req No	005234	Priority	Unspecified
Notify Dispenser			
The Agent Organisation shall have the ability to notify the Dispenser that a Prescription is available for dispense.			

4.1.7 Notification of Last Supply

Req No	005235	Priority	Unspecified
Notify Prescriber of Last Supply			
The Dispenser shall have the ability to notify the Prescriber that the last repeat on a Prescription has been dispensed and supplied.			

4.2 Business Rules

Business Rules associated with the Business Requirements.

Req No	005342	Priority	Unspecified
Choice of Provider			
The Subject of Care shall have the ability to choose each healthcare provider in their treatment.			
Rationale	National Medicines Policy 2000, 'Quality use of medicines (QUM)'. [NMP2000] Principle 1 – Primacy of the consumer. The National Strategy recognises the central role consumers play in attaining QUM and the wisdom of their experience.		

Req No	005355	Priority	Unspecified
Choice of Dispenser			

Req No	005355	Priority	Unspecified
Choice of Dispenser			
The Subject of Care shall have the ability to choose their Dispenser.			
Rationale	<p>National Medicines Policy 2000. 'Quality use of medicines (QUM)'. [NMP2000]</p> <p>Principle 1 – Primacy of the consumer. The National Strategy recognises the central role consumers play in attaining QUM and the wisdom of their experience.</p>		

Req No	005356	Priority	Unspecified
Choice of Prescriber			
The Subject of Care shall have the ability to choose their Prescriber.			
Rationale	<p>National Medicines Policy 2000. 'Quality use of medicines (QUM)'. [NMP2000]</p> <p>Principle 1 – Primacy of the consumer. The National Strategy recognises the central role consumers play in attaining QUM and the wisdom of their experience.</p>		

Req No	005343	Priority	Unspecified
Date a Prescription			
The Prescriber shall date the Prescription.			
Rationale	<p>National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) 5B. [NHR1960]</p>		

Req No	005344	Priority	Unspecified
Generation of Prescription using approved technology			
The Prescriber shall generate the Prescription using approved technology.			
Rationale	<p>National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)-Regulation 5A Preparing electronic Prescriptions. [NHR1960]</p> <p>The form of the electronic Prescription including generation, transmission, endorsement and content must be approved according to the following:</p> <p>Electronic Prescription means a Prescription that is prepared and submitted:</p> <p>(a) in accordance with approved information technology requirements (if any), by means of an approved electronic communication; and</p> <p>(b) in accordance with a form approved by the Secretary under sub-subparagraph 19 (1) (a) (iia) (B).</p>		

Req No	005357	Priority	Unspecified
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Review and/or Cancel a Prescription	
Prescriber shall have the ability to review and/or cancel a Prescription.	
Rationale	National Medicines Policy 2000. [NMP2000] QUM means: Selecting management options wisely; Choosing suitable medicines if a medicine is considered necessary; and Using medicines safely and effectively.

Req No	005345	Priority	Unspecified
List details on a Prescription			
Prescriber shall list their details and patient details on the Prescription.			
Rationale	National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 19 (1)(a)(ii)(B). [NHR1960]		

Req No	005346	Priority	Unspecified
Patient Privacy (Private Sector Prescribers and Dispensers)			
Private sector Prescribers and Dispensers shall comply with the National Privacy Principles.			
Rationale	National Privacy Principles as found in Schedule 3 of Privacy Act 1988 (Cth). [NPPPA1988]		

Req No	005347	Priority	Unspecified
Patient Privacy (Public Sector Prescribers and Dispensers)			
Public sector Prescribers and Dispensers shall comply with the Information Privacy Principles.			
Rationale	Information Privacy Principles as found in Part III Division 2 of the Privacy Act 1988 (Cth). [IPPPA1988]		

Req No	005348	Priority	Unspecified
Prescribe Medication			
The Prescriber shall have the right to prescribe Medication.			
Rationale	National Health Act 1953 (Cth) s92 Approved medical practitioners [NHA1953]		

Req No	005349	Priority	Unspecified
Receipt of Electronic Prescription			
The Subject of Care shall present a Prescription to the Dispenser in a form that complies with the National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 5D, Regulation 19.			
Rationale	National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 5D. [NHR1960]		

Req No	005349	Priority	Unspecified
Receipt of Electronic Prescription			
	<p>If, under these Regulations, a Prescription is required to be given or presented to an approved Pharmacist or an approved Medical Practitioner for the purpose of supplying a pharmaceutical benefit to the person for whom the Prescription was written, that requirement is taken to have been met in relation to an Electronic Prescription if:</p> <p>(a) the person who will receive the pharmaceutical benefit (whether or not for the person's own use) requests the Pharmacist or Practitioner to supply the pharmaceutical benefit; and</p> <p>(b) the Pharmacist or Practitioner consents, within the meaning of subsection 5 (1) of the Electronic Transactions Act 1999, to the Prescription being given or presented, in accordance with approved information technology requirements (if any), by means of an approved electronic communication; and</p> <p>(c) the Prescription is accessible by the Pharmacist or Practitioner.</p> <p>National Health (Pharmaceutical Benefits) Regulations 1960 (Cth), Regulation 19. [NHR1960]</p> <p>National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) electronic communication has the meaning given by subsection 5 (1) of the Electronic Transactions Act 1999. [ETA1999]</p>		

Req No	005350	Priority	Unspecified
Record Details of dispense			
The Dispenser shall have the ability to record details of the dispensed event on the Prescription.			
Rationale	Professional Practice Standards V4, Standard 5: Dispensing, Pharmaceutical Society of Australia, 2010, p28 [PSAPPS2010]		

Req No	005351	Priority	Unspecified
Regulation 24 Supply			
The Subject of Care shall have the ability to receive all of the supply at one time.			
Rationale	National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 24. [NHR1960]		

Req No	005352	Priority	Unspecified
Right to Medication Supplied			
The Subject of Care shall have the ability to get their prescribed Medication supplied.			

Req No	005352	Priority	Unspecified
Right to Medication Supplied			
Rationale	National Medicines Policy 2000 – a central objective is consumer has timely access to the medicines that Australians need, at a cost individuals and the community can afford. [NMP2000]		

Req No	005353	Priority	Unspecified
Sign Prescription			
The Prescriber shall have the ability to sign the Prescription.			
Rationale	National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 19 (1)(aa). [NHR1960]		

Req No	005354	Priority	Unspecified
Supply Medication before Surrender of Prescription			
The Dispenser shall have the ability to supply Medication before the surrender of the written Prescription.			
Rationale	National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)-Regulation 22 Supply of pharmaceutical benefits before surrender of written Prescription. [NHR1960] The Dispenser must have the ability to supply the benefit (Medication item) before the surrender of the written Prescription.		

References

Package Documents

The documents listed below are part of the suite delivered in the Discharge Summary Package.

Electronic Transfer of Prescription Package Documents			
[REF]	Document Name	Publisher	Link
[ETP-ES2010]	Electronic Transfer of Prescription Release 1.1 – Executive Summary	NEHTA 2010	http://www.nehta.gov.au/e-communications-in-practice/eMedication-management
[ETP-RN2010]	Electronic Transfer of Prescription Release 1.1 – Release Note		
[ETP-CO2010]	Electronic Transfer of Prescription Release 1.1 – Concept of Operations		
[ETP-BR2010]	Electronic Transfer of Prescription Release 1.1 – Business Requirements Definition		
[ETP-DR2010]	Electronic Transfer of Prescription Release 1.1 – Detailed Requirements Definition		
[ETP-SS2010]	Electronic Transfer of Prescription Release 1.1 – Solution Specification		
[ETP-EP_SDT2010]	Electronic Transfer of Prescription Release 1.1 – e-Prescription Structured Document Template (SDT)		
[ETP-ED_SDT2010]	Electronic Transfer of Prescription Release 1.1 – Dispense Record Structured Document Template (SDT)		
[ETP-PR_SDT2010]	Electronic Transfer of Prescription Release 1.1 – Prescription Request Structured Document Template (SDT)		
[ETP-TSS2010]	Electronic Transfer of Prescription Release 1.1 – Technical Services Specification		
[ETP-EP_CDAIG2010]	Electronic Transfer of Prescription Release 1.1 – e-Prescription Clinical Document Architecture Implementation Guide		
[ETP-DR_CDAIG2010]	Electronic Transfer of Prescription Release 1.1 – Dispense Record Clinical Document Architecture Implementation Guide		
[ETP-PR_CDAIG2010]	Electronic Transfer of Prescription Release 1.1 – Prescription Request Clinical Document Architecture Implementation Guide		

References

Reference Documents			
[REF]	Document Name	Publisher	Link
[NHA1953]	National Health Act 1953, Section 92	Attorney-General's Department	http://www.austlii.edu.au/au/legis/cth/consol_act/nha1953147/s92.html
[NHR1960]	National Health (Pharmaceutical Benefits) Regulations 1960 (Cth).	Dept of Health and Ageing	http://www.comlaw.gov.au/comlaw/Legislation/LegislativeInstrumentCompilation1.nsf/0/E6584A1A2EC814C2CA2577ED00112896?OpenDocument
[NMP2000]	National Medicines Policy 2000	Dept of Health and Ageing	http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-objectives-policy.htm
[ETA1999]	Electronic Transactions Act 1999	Dept of Health and Ageing	http://agsearch.ag.gov.au/clssearch/home?query=Electronic+Transactions+Act+1999&new=1
[NPPPA1988]	National Privacy Principles, Privacy Act 1988 (Cth)	Australian Govt- Office of the Australian Information Commissioner.	http://www.privacy.gov.au/law/act/npp
[IPPPA1988]	Information Privacy Principles, Privacy Act(Cth) 1988.	Australian Govt- Office of the Australian Information Commissioner.	http://www.privacy.gov.au/materials/types/infosheets/view/6541
[PSAPPS2010]	Professional Practice Standards - Version 4, 2010	Pharmaceutical Society of Australia	http://www.psa.org.au/site.php?id=1089

Key Contacts

Contacts listed below will be able to clarify provide further information about the issues discussed in this document.

Contacts		
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Appendix A: Definitions

This section explains the specialised terminology used in this document.

Shortened Terms

This table lists abbreviations and acronyms.

Term	Definition
AO	Agent Organisation
AOS	Agent Organisation System
AMT	Australian Medicines Terminology
CIS	Clinical Information System
DVA	Department of Veteran's Affairs
DR	Dispense Record
DAK	Document Access Key
DAA	Dose Administration Aid
EDD	Electronic Dispense Document
EDS	Electronic Dispensing System
eMM	Electronic Medications Management
EPS	Electronic Prescribing System
ETP	Electronic Transfer of Prescription
HL7	Health Level Seven
HPI-I	Healthcare Provider Identifier - Individual
HPI-O	Healthcare Provider Identifier - Organisation
IEHD	Individual Electronic Health Record
IHI	Individual Healthcare Identifier
NASH	National Authentication Service for Health
NCTIS	National Clinical Terminology and Information Service
NEHTA	National E-Health Transition Authority
PHR	Personal Health Record
PCEHR	Personally Controlled Electronic Health Record
PBS	Pharmaceutical Benefits Scheme
PE	Prescription Exchange
PES	Prescription Exchange Service
PES-DR	Prescription Exchange Service - Dispense Record

PKI	Public Key Infrastructure
QUM	Quality Use of Medicines
RHA	Reciprocal Healthcare Agreements
RPBS	Repatriation Pharmaceutical Benefits Scheme
IHI	Individual Health Identifier

Glossary


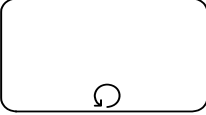

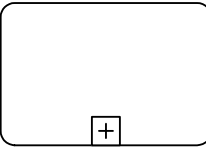


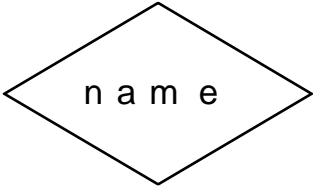

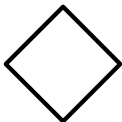
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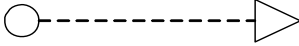

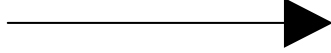

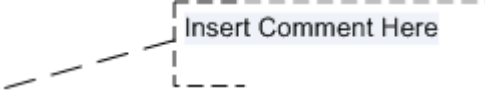
Term	Description
Agent Organisation	The organisation representing the subject of care in facility managed care settings (e.g. residential care facilities, private hospitals).
Agent Organisation System	The system that the agent organisation uses to manage prescriptions.
Australian Medicines Terminology	NEHTA specifications that standardise the identification, naming, and describing of medicine information. The Australian Medicines Terminology (AMT) delivers standardised identification of brand (trade) products and equivalent generic medicines along with associated components that are supported through standard naming conventions that accurately describe medications.
Clinical Information System	Information computer technology used to store, manage and communicate healthcare information for healthcare providers and individuals, including the transfer of that information between information systems.
Department of Veteran's Affairs	Responsible for carrying out Government policy and implementing programs to fulfil Australia's obligations to war veterans and their dependants.
Dispense Record	Electronic record generated by a pharmacy information system that records medications dispensed or deferred.
Document Access Key	An alpha-numeric string that is used to identify and protect the set of clinical documents (Prescription and Dispense Records) for one prescription.
Dose Administration Aid	A device developed to assist patients in better managing their medicines by arranging their medicines into individual doses according to the prescribed dose schedule throughout the day, typically a compartmentalised box into which medicine doses can be placed; intended to help a subject of care to take the correct medicines at the correct times. They can also be designed to be tamper-evident, and can be either a unit-dose pack (i.e. one single type of medicine per compartment) or a multi-dose pack (i.e. different types of medicines per compartment).
e-Health	Use of information and communication technology to enable better healthcare outcomes.
Electronic Dispense Document	Electronic record generated by a pharmacy information system that records medications dispensed or deferred.
Electronic Dispensing System	A component of a clinical information system used to dispense medications.

Electronic Medications Management	Use of electronic systems to facilitate and enhance the communication of a prescription or medication order, aiding the choice, administration and supply of a medication through knowledge and decision support, and providing a robust audit trail for the entire medications use process.
Electronic Prescribing System	A component of a clinical information system used to prescribe medications.
e-Prescribing	Electronic prescribing is the process by which a prescription is electronically generated by a prescriber, authenticated with an electronic signature, securely transmitted to a Prescription Exchange Service for dispensing and supply, downloaded by a supplier, seamlessly integrated into the dispensing software and, in the case of Australian government subsidised prescriptions, is available to be electronically sent to Medicare Australia for claiming purposes. This definition does not preclude the use of paper-based processes to support electronic prescribing activity. Repeat and deferred supply authorisations which are uploaded to a Prescription Exchange Service by a supplier are not electronic authorisations, unless the original prescription was generated by a prescriber as an electronic prescription.
Electronic Prescription (or e-Prescription)	A prescription generated in an electronic manner and in a form approved by the relevant State, Territory or Commonwealth Departments of Health to convey a prescriber's authority to supply a medication.
Electronic Transfer of Prescription	A component of the EMM program of work that is concerned with the transfer of prescriptions, and its related information, in an electronic manner between participants.
Health Level Seven	A non-profit organisation involved in the construction and setting of Healthcare standards. "HL7" is also used to refer to some of the specific standards created by the organization (e.g., HL7 v2.x, v3.0, HL7 RIM).
Healthcare Provider Identifier - Individual	A 16 digit unique number used to identify individual providers who deliver healthcare in the Australian healthcare setting.
Healthcare Provider Identifier - Organisation	A 16 digit unique number used to identify organisations which deliver care in the Australian healthcare setting.
Individual	Persons who are, or could be, the subjects of care in the context of a healthcare event.
Individual Electronic Health Record	A secure, private electronic record of an individual's key health history and care information.
Individual Healthcare Identifier	A 16 digit unique number used to identify individuals who receive care in the Australian Healthcare system.
National Authentication Service for Health	A system for verifying the authenticity of patients and professionals for the purpose of ensuring the privacy of a person's electronic health data, while enabling secure access to the data by the person's authorised health providers.
National Clinical Terminology and Information Service	The National Clinical Terminology and Information Service (NCTIS), established by NEHTA, is developing the terminology and information products to support the requirements of e-health for the Australian healthcare community.
National E-Health Transition Authority	NEHTA Limited is a not-for-profit company established by the Australian, State and Territory governments to develop better ways of electronically collecting and securely exchanging health information.
Personal Health Record	A type of PCEHR that is initiated and maintained by the individual.

Personally Controlled Electronic Health Record	A secure, private electronic record of an individual's key health history and care information.
Pharmaceutical Benefits Scheme	A scheme set up under the National Health Act. Within Medicare Australia it is a system administered according to the Business Partnership Agreement with the Department of Health and Ageing (DoHA). Through the Pharmaceutical Benefits Scheme the Australian Government makes a range of necessary prescription medicines available at affordable prices to all Australian residents and those overseas visitors eligible under reciprocal Healthcare Agreements by paying part of the cost of the medicine to pharmacies.
Prescription	A request from a prescriber to dispense a therapeutic product. Describes the medication that the prescriber (a doctor in most cases) wants to be taken by the patient. It is input to the dispense process. Prescriptions are also used as input for the patient or the nurse on how to use the medication.
Prescription Exchange	An intermediary that stores Prescription and Dispense Records to allow them to be accessed by any authorised dispenser.
Prescription Exchange Service	An e-Health Service that provides Prescription Exchange functions.
Prescription Exchange Service - Dispense Record	A dispense record submitted to a Prescription Exchange Service (see Dispense Record).
Public Key Infrastructure	A set of hardware, software, people, policies, and procedures needed to create, manage, store, distribute, and revoke digital certificates.
Quality Use of Medicines	A central objective of the National Medicines Policy, applying to decisions about medicine use by individuals and decisions that affect the health of the population. Quality Use of Medicines (QUM) is one of the central objectives of Australia's National Medicines Policy. It means selecting management options wisely, choosing suitable medicines if a medicine is considered necessary, and using medicines safely and effectively. The definition of QUM applies equally to decisions about medicine use by individuals and decisions that affect the health of the population. Australia's National Medicines Policy is a cooperative endeavour to bring about better health outcomes for all Australians, focusing especially on people's access to, and wise use of, medicines. The term "medicine" includes prescription and non-prescription medicines, including complementary healthcare products.
Reciprocal Healthcare Agreements	The Australian Government has signed Reciprocal Health Care Agreements (RHCA) with the governments of the United Kingdom, Sweden, the Netherlands, Belgium, Finland, Norway, Malta and Italy which entitles visitors to limited subsidised health services for medically necessary treatment while visiting Australia.
Regulation 24	Government legislation that allows the Subject of Care to receive the supply of multiple repeat medication items concurrently. This regulation allows pharmacists to supply a pharmaceutical benefit and all of its repeats at the one time. The prescription must be endorsed by the doctor with the words 'Regulation 24' or 'Reg 24' if it is a medicine supplied under the PBS or 'hardship conditions apply' if it is being supplied under the RPBS.
Repatriation Pharmaceutical Benefits Scheme	The Repatriation Pharmaceutical Benefits Scheme (RPBS) provides a wide range of Pharmaceuticals and dressings at a concession rate for the treatment of eligible veterans, war widows/widowers, and their dependants.
The Individual Health Identifier	A unique 16 digit number used to identify individuals who receive care in the Australian Healthcare system.

Appendix B: BPMN Symbols

<p>The following symbology is defined in the Object Management Group's BPMN v1.1 specifications (www.omg.org) or (www.bpmn.org/spec/bpmn/1.1).</p>		
Activity		An activity can be atomic or non-atomic (compound). The types of activities that are a part of a Process Model are: Process, Sub-Process, and Task.
Activity Looping		The attributes of Tasks and Sub-Processes will determine if they are repeated or performed once
Association		An Association is used to associate information with Flow Objects.
Collapsed Sub-Process		The details of the Sub-Process are not visible in the Diagram. A "plus" sign in the lower centre of the shape indicates that the activity is a Sub-Process and has a lower level of detail.
Conditional Flow		Sequence Flow can have condition expressions that are evaluated at runtime to determine whether or not the flow will be used
Data Object		Data Objects are considered Artefacts because they do not have any direct effect on the Sequence Flow or Message Flow of the Process, but they do provide information about what activities require to be performed and/or what they produce
Decision Gate		A decision is made at this gate for a particular direction to take.
End event		End of an event.
Gateway		A Gateway is used to control the divergence and convergence of Sequence Flow

Message Flow		A Message Flow is used to show the flow of messages between two participants that are prepared to send and receive them
Pool		A Pool represents a Participant in a Process.
Sequence Flow		A Sequence Flow is used to show the order that activities will be performed in a Process
Start		Start an event.
Text Annotation (attached with an Association)		Text Annotations are a mechanism for a modeller to provide additional information for the reader of a BPMN Diagram