



The Pharmacy
Guild of Australia

THE PHARMACY GUILD OF AUSTRALIA - QLD

FINAL

REQUEST FOR PROPOSAL

North Queensland Community Pharmacy Scope of Practice Pilot

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PROJECT INFORMATION

1. Client contacts

First and last name	E-mail	Telephone number	Company Address
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Please email fullscope@qldguild.org.au to obtain the RFP response documents. This documentation includes;

- RFP response document template
- Supplier Declaration Form

Please complete both documents and return them to fullscope@qldguild.org.au by the proposal deadline listed in the below table. **Proposals will need to be in the approved form to be accepted and considered.**

2. Format & Proposal Timeline

Event	Date
RFP release	23 March 2023
Information Session for Responders	30 March 2023
Proposals Due	1 May 2023
Shortlisting (3) Responders	22 May 2023
Demonstration (Top 3 IT Responders)	Week Commencing 29 May 2023
Best and Final Offers	5-9 June 2023
Selection	Week Commencing 12 June 2023
Contract Execution	Complete by 30 June 2023
User Acceptance Testing	October 2023
Instore Training Complete	30 November 2023
Project Go-Live	1 December 2023
Document Version	1.0.0

3. Brief Project Overview

The North Queensland Community Pharmacy Scope of Practice Pilot (“the Pilot”) aims to increase access to high-quality, integrated, and cost-effective primary health care services for North Queensland communities. This follows international pharmacy practice where community pharmacists are involved in the provision of patient primary care and the incorporation of prescribing activities in their scope of practice.

To support this Pilot and ongoing scope of practice initiatives, an IT outsourcing partner is required. The problem to address is that community pharmacists do not currently have a clinical information system with prescribing capabilities that supports the processes of the Pilot services. Additionally, the Pilot requires an information system that can provide clinical and outcome data to inform project evaluation.

4. The Pharmacy Guild of Australia - background

The Pharmacy Guild of Australia is a national employers’ organisation registered under the federal Fair Work Act 2009, with over 90 years of experience in representing and promoting

the value of community pharmacy in the Australian health care system. Community pharmacies are a vital part of our national health system with the potential to make an even bigger contribution to the health of all Australians.

We believe in:

- Access to medicines and community pharmacy services for all Australians including Aboriginal and Torres Strait Islander people and older Australians
- Equity of health care standards across regional, rural, remote, and metropolitan communities
- Diversity and inclusion
- Patient choice
- Quality and safety for patients and health consumers
- Compassion and community
- Professional practice

Our mission is to enable community pharmacy to serve the needs and preferences of patients across Australia using pharmacy's unique roles in medication management and safety.

5. Definitions

Term	Definition
The solution	The software and support solution that incorporates all aspects of the business requirements
The client	The Pharmacy Guild of Australia Queensland Branch (ABN 87 076 197 623)
The provider	The software vendor offering a proposed solution
CRUD	<p><i>Create</i>, or add new entries</p> <p><i>Read</i>, retrieve, search, or view existing entries</p> <p><i>Update</i>, or edit existing entries</p> <p><i>Delete</i>, deactivate, or remove existing entries</p>
SOATAP Framework	Subjective, Objective, Analysis, Treatment, Analysis of Treatment, Plan
2Fa	Two factor authentication.
SNOMED CT	International comprehensive clinical terminology standards, allowing safe, accurate and effective exchange of health information.
WHATSTOPGO or Ask Assess Advise	Pharmacy patient engagement framework. See https://www.guild.org.au/data/assets/pdf_file/0026/17558/ask-assess-advise.pdf

<p>Confidential Information</p>	<p>Confidential Information means information that:</p> <ul style="list-style-type: none"> (a) is by its nature confidential; (b) is communicated by the discloser of the information (Discloser) to the recipient of the information (Recipient) as confidential; (c) the Recipient knows or ought to know is confidential; (d) relates to or comprises the financial, corporate or commercial information or affairs of any party, but excludes information: (e) in the public domain, unless it came into the public domain due to a breach of confidentiality; (f) independently developed by the Recipient; or (g) is in the possession of the Recipient without breach of confidentiality by the Recipient or other person. <p>For the avoidance of doubt, all vendor approaches, responses to this RFP and proposed solutions will be kept Confidential and will not be publicly released. Mutual confidentiality agreements are welcomed if required by a vendor.</p>
<p>Conflict of Interest</p>	<p>Conflict of Interest means having an interest (whether personal, financial or otherwise) which conflicts with or may reasonable be perceived as conflicting with the ability of the contractor to perform its obligations under the contract awarded for the requirements fairly and objectively.</p>
<p>Other Pilot Partners</p>	<p>Queensland Health.</p> <p>Australian College of Pharmacy trading as Australasian College of Pharmacy (ABN 44 008 588 841).</p> <p>James Cook University (ABN 46 253 211 955).</p> <p>Queensland University of Technology (ABN 83 791 724 622).</p> <p>Deloitte Touche Tohmatsu ABN 74 490 121 060.</p>

6. Business Requirements

The pilot requires an IT provider who can deliver a dynamic and iterative solution that supports the Pilot as it is shaped by evaluation and feedback. This includes a fit for purpose software solution, a product and development team who will drive a dynamic product development lifecycle, technology monitoring, data reporting and data support, and network support.

Prior experience as a successful pharmacy or medical software vendor with data science capabilities, clinical governance principles and framework, with a network of sites is highly favourable. Experience complying with state and federal legislation and digital health frameworks is critical. Evidence of cybersecurity accreditation and compliance with the

Australian Privacy Principles as well as other legislative and regulatory instruments relevant to healthcare and information technology in Australia is essential.

At a high level, the solution required consists of:

a) Patient Journey

- a. a secure and responsive website and mobile application for patient engagement;
- b. a bookings journey integrated with the core clinical information system;
- c. a text or email received with a link to the evaluation survey(s).

b) Pharmacy Journey

- a. a web based clinical information system with:
 - Patient portal integration;
 - User management;
 - Email and SMS reminders capabilities for appointments and for other communication;
 - Patient profile management (CRUD) capabilities;
 - Patient clinical history management (CRUD) capabilities;
 - Print capabilities patient questionnaires for instore written capture of patient journey;
 - Australian Immunisation Register Web Services (AIR) integration;
 - Other national and state digital health infrastructure integrations such as the My Health Record (MHR);
 - Clinical recording modules (forms with defined data inputs) related to the clinical protocol design for medication management, common conditions and health and well-being services, and chronic disease management programs;
 - Online prescription verification capabilities.

c) Network administration, Data and Evaluation Journey

- a. Network management;
- b. Automatic sending via text or email of the survey(s) URL;
- c. Data extract and transfer capabilities that align with an evaluation criteria.

The key actors using the solution are:

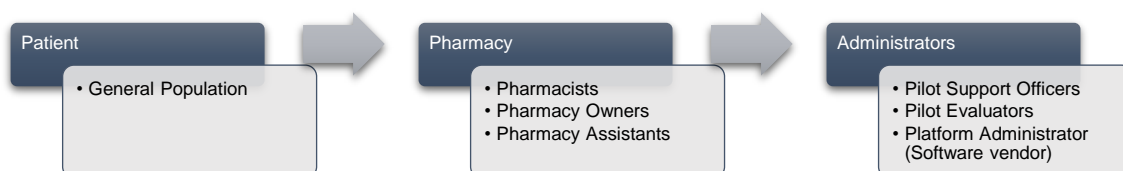


Figure 1: Key Actors

The following business process and use cases are for illustrative purposes.

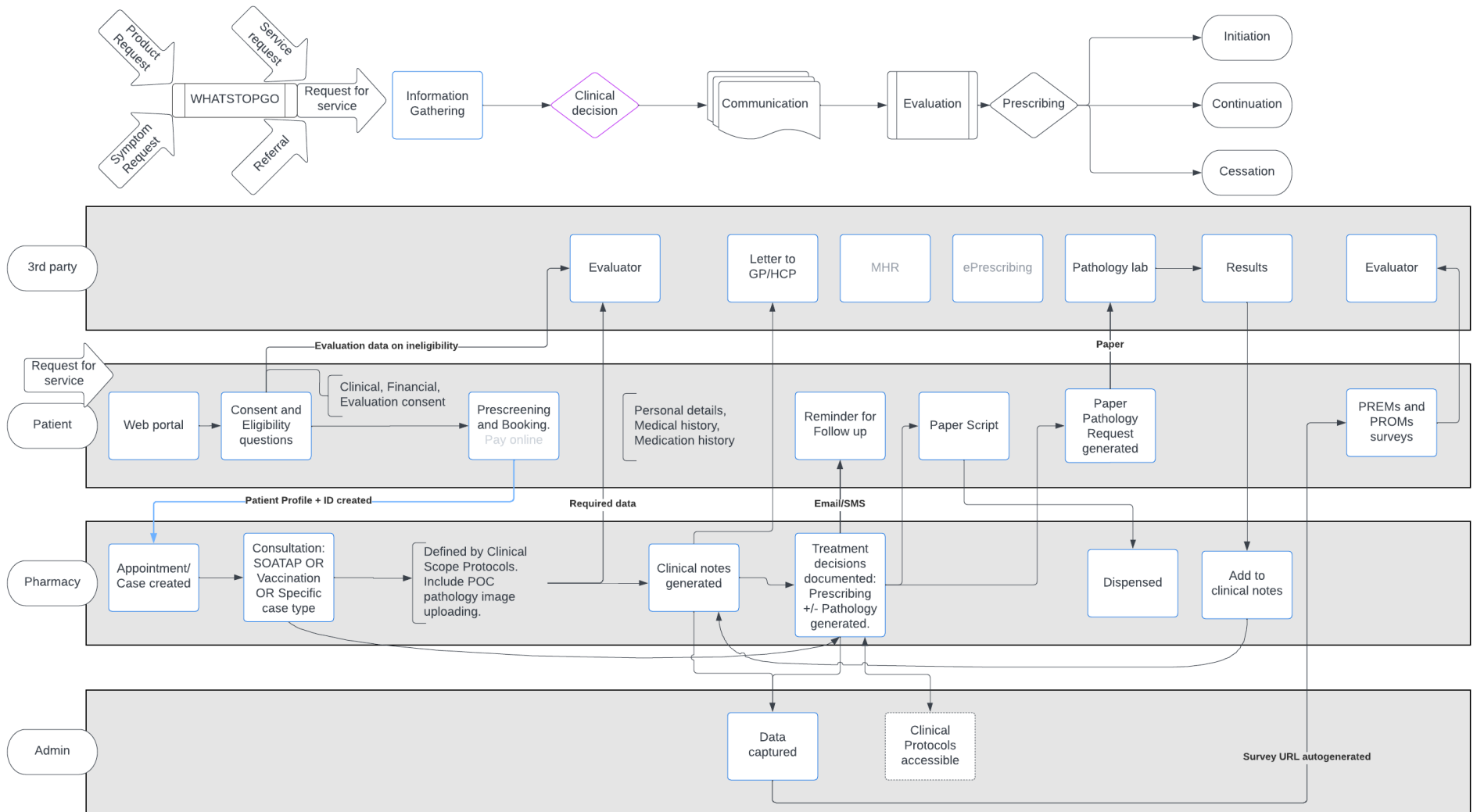


Figure 2 Business process overview

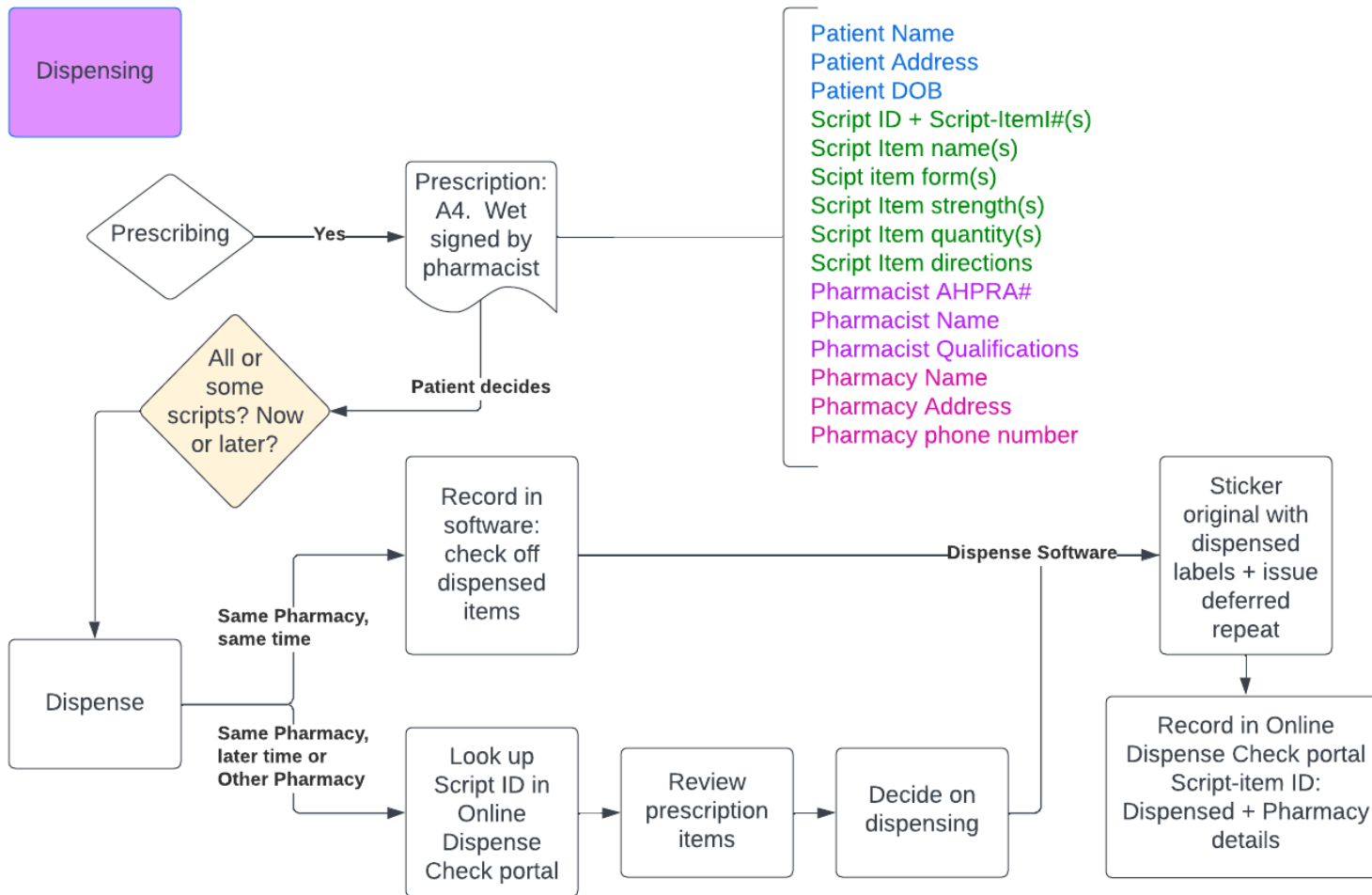


Figure 3 Dispense verification

UML Business processes

Please view this video for a basic understanding of UML diagrams:

<https://youtu.be/zid-MVo7M-E>

A high-level view of the patient, pharmacy, administrative and data evaluation journeys is depicted here. The blue border represents the bounds of the software solution. Please note that the PROM/PREM survey is designed by the Evaluators but is sent by the software solution.

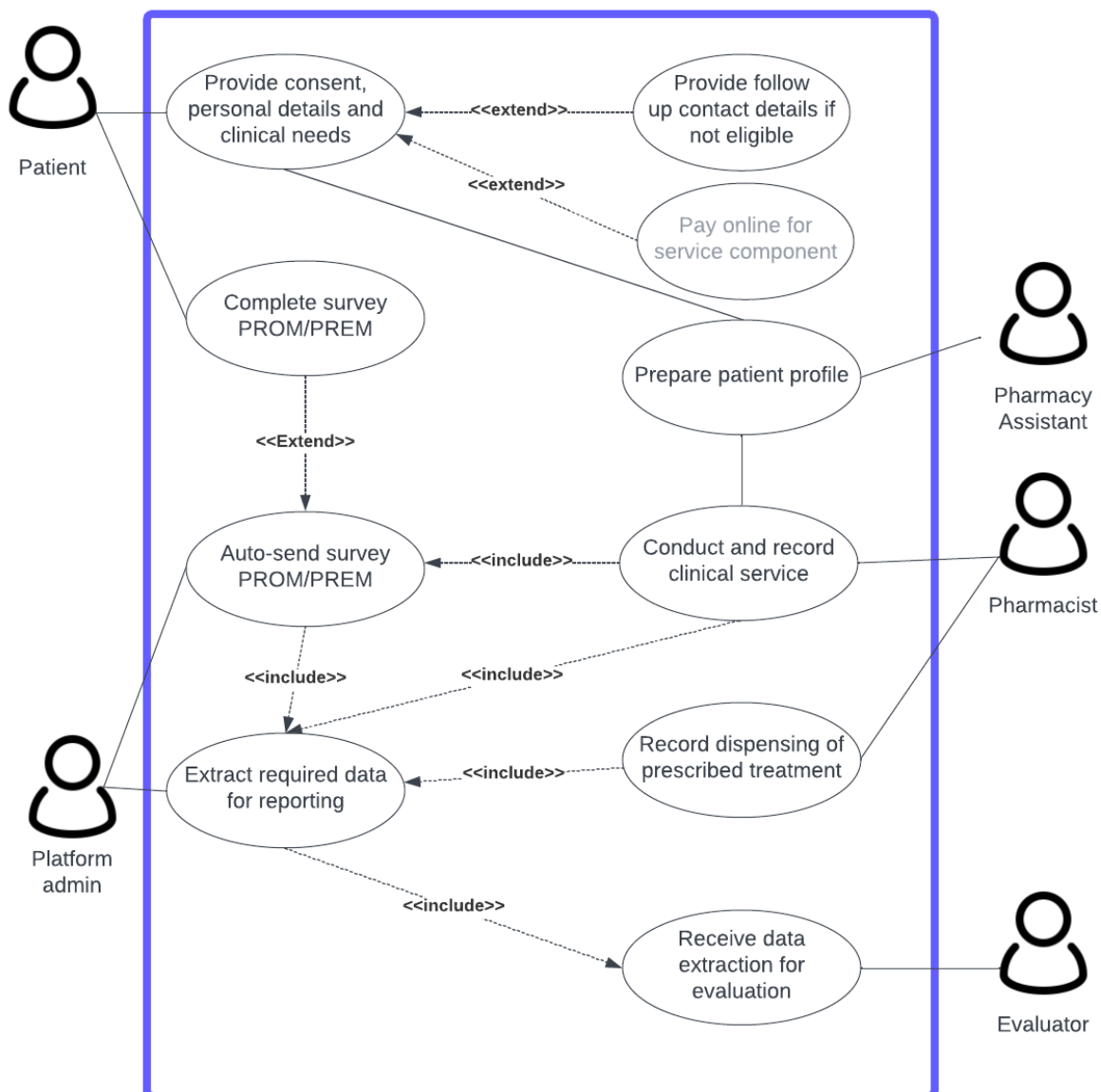


Figure 4 UML patient, pharmacy, administrative and data evaluation journeys – the PROM/PREM survey sits outside the CIMS

Use Cases

Title		Seek clinical service
Actor	Patient	
Goal	To access a pharmacist for clinical service	
Scenario	<ol style="list-style-type: none"> 1) I walk into the pharmacy 2) I access the engagement portal <ol style="list-style-type: none"> a. Staff hand me a device, or I access it on my phone via QR code 3) I provide my consent <ol style="list-style-type: none"> a. Financial b. Clinical c. Evaluation 4) I answer the eligibility questions 5) I enter my personal details 6) I enter my clinical request 7) I enter my medical history 8) I pay for the service online (future capability) 	

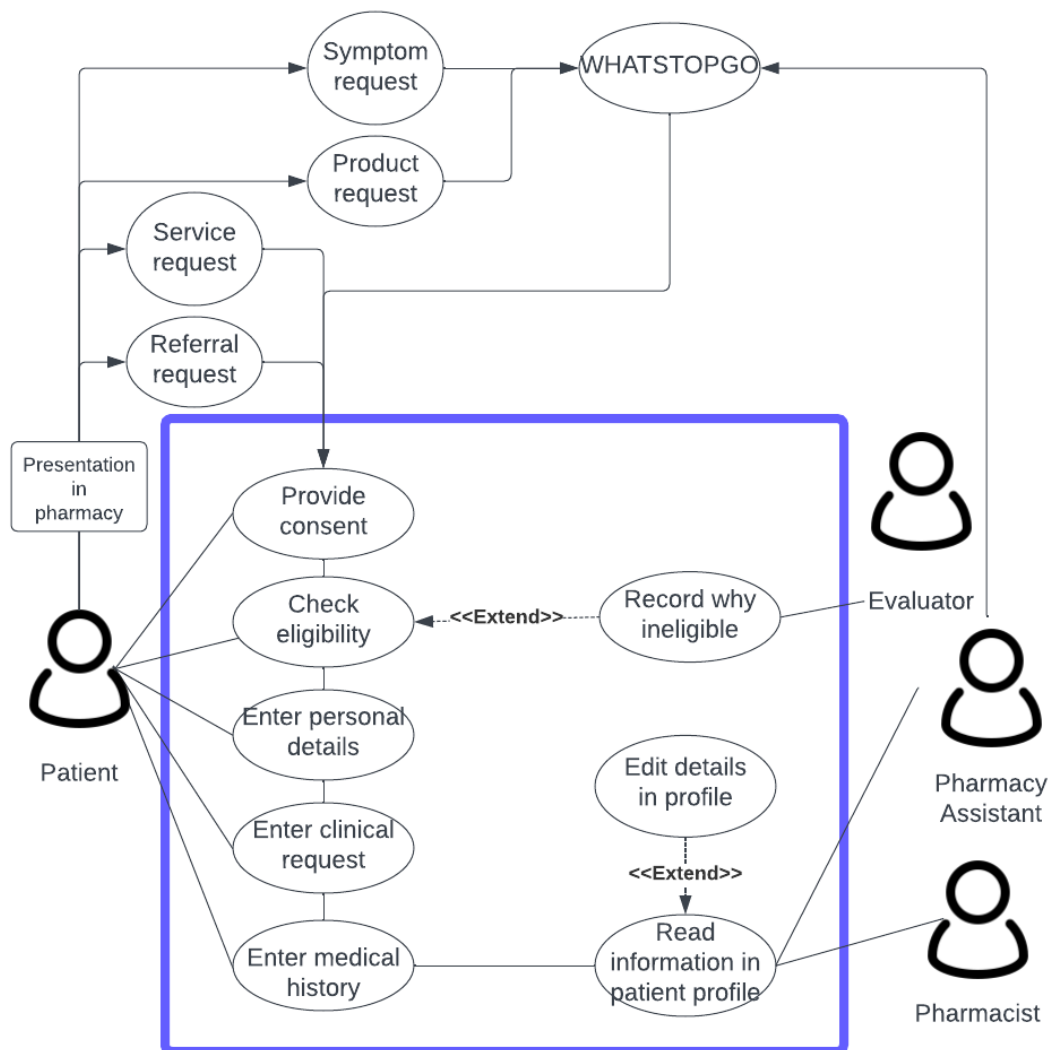


Figure 5 UML | Seek clinical service

Title Prepare patient profile	
Actor	Pharmacy Assistant (or Pharmacist)
Goal	To create a patient profile, ready for clinical service
Scenario	1) I log in to the system 2) I access the patient's profile (search by name) 3) I create a new presenting case or access an existing case 4) I add or edit information for the case 5) I add or edit information for the patient's profile

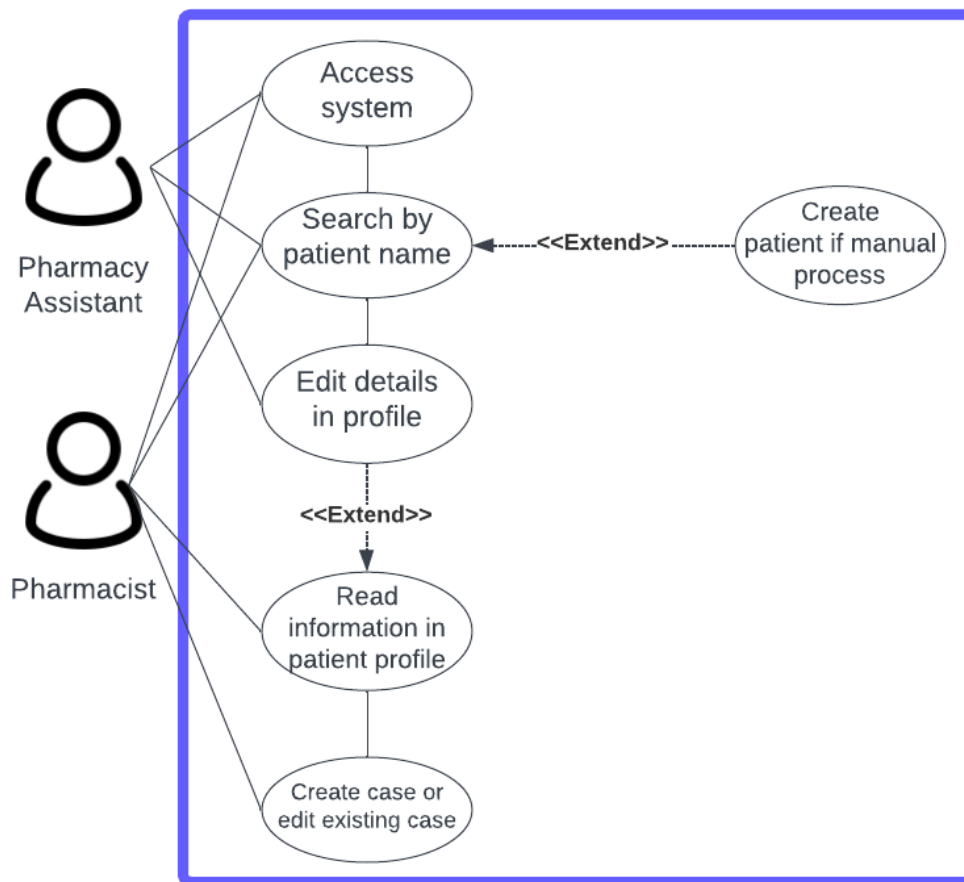


Figure 6 UML | Prepare patient profile

Title	Conduct clinical service
Actor	Pharmacist
Goal	To conduct and record a clinical service
Scenario	<ol style="list-style-type: none"> 1) I create and name a new case or access an existing case and record: <ol style="list-style-type: none"> a. Medication Management <ol style="list-style-type: none"> i. Vaccinations ii. Medication administration iii. Therapeutic adaption and substitution iv. Continued dispensing b. Common conditions and health and well-being services c. Chronic disease management programs 2) I add or edit information for the presenting case 3) I add or edit information for the patient's profile 4) I add prescribed medication events 5) I add results (including but not limited to images) 6) I print a prescription 7) I print a pathology request 8) I schedule a follow up email or SMS reminder to the patient after a number days as per clinical protocols for the Pilot 9) I prepare a pre-populated letter for the patient's GP that includes a record of the clinical service

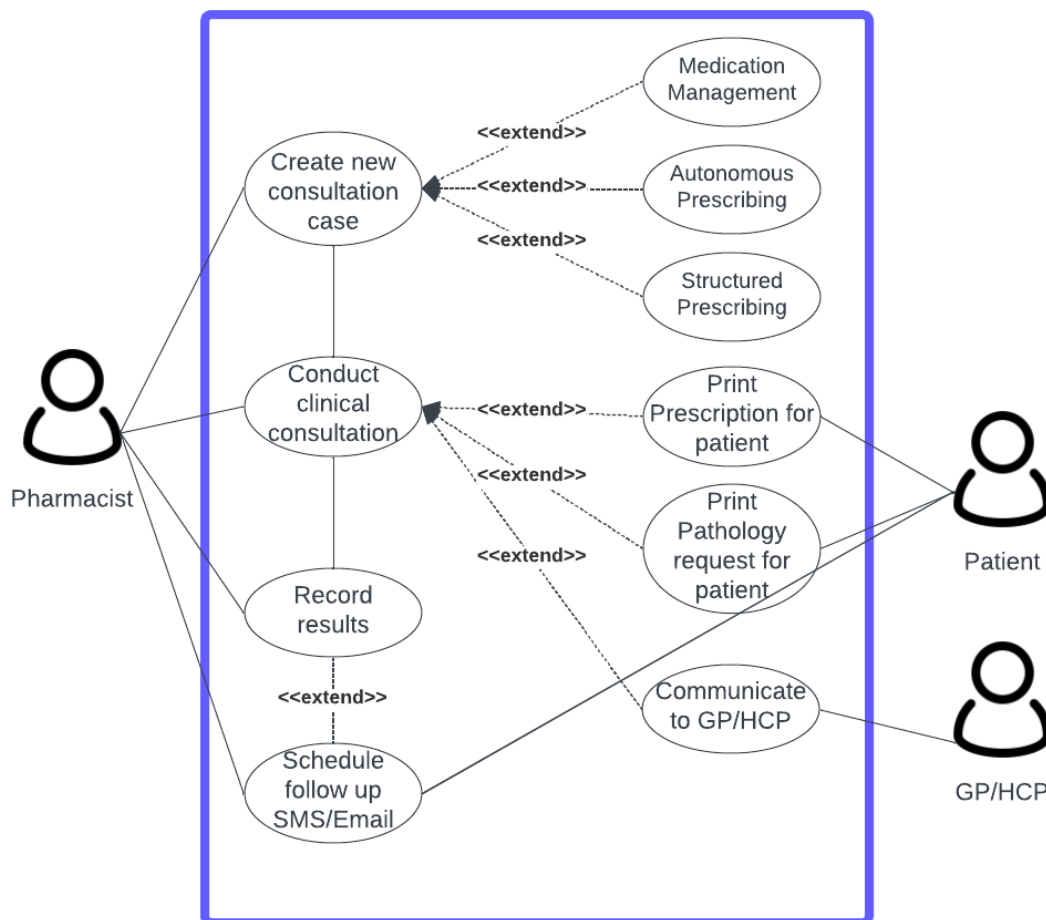


Figure 7 UML | Conduct clinical service

Title Data extraction/transfer	
Actor	Platform administrator
Scenario	<ol style="list-style-type: none"> 1) I extract the required data fields as per the program specifications 2) I transfer that data to a secure platform at an agreed cadence

Title Data transfer/load	
Actor	Evaluator
Scenario	<ol style="list-style-type: none"> 1) I log into a data source 2) I received an extracted data set in a format compatible with my data system 3) I transfer into my data system 4) I conduct my evaluation

Title Dispense verification	
Actor	Pharmacist (in store or at another pharmacy)
Scenario	<ol style="list-style-type: none"> 1) I access an online portal after presentation of a script by a patient 2) I input the Script ID of that script 3) I review the dispense history of that script 4) I decide to dispense or not 5) If I have dispensed and provided the items, I declare which items and my pharmacy details in the online portal.

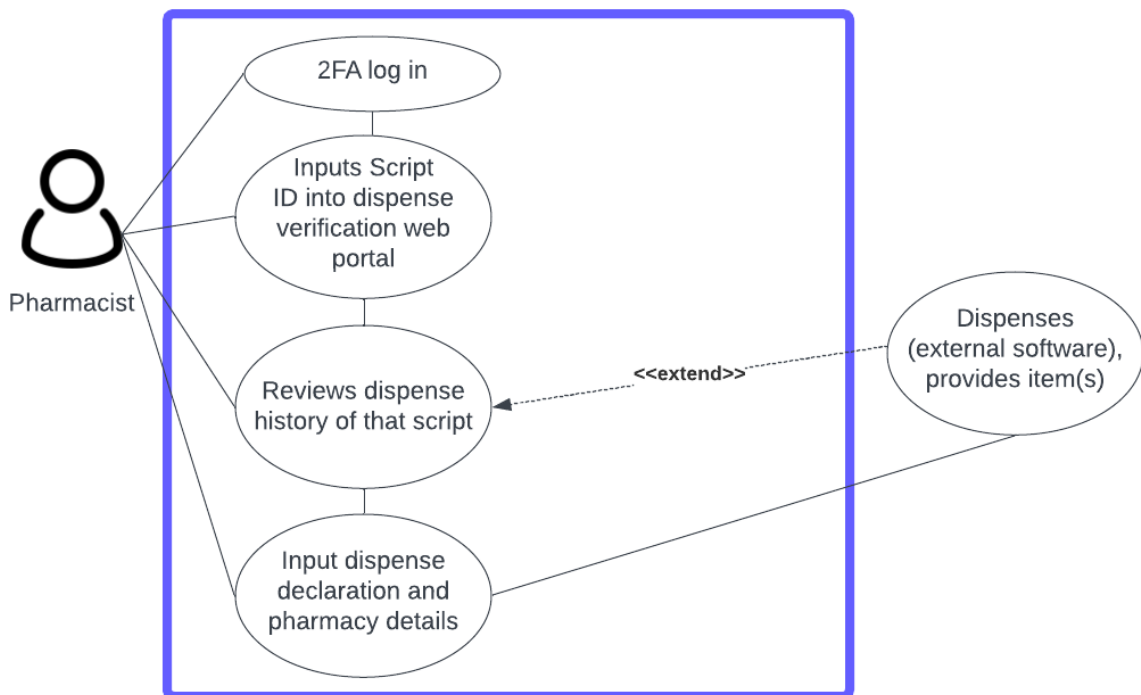


Figure 8 UML | Dispense verification

SOLUTION INFORMATION

7. Functional Requirements

The functional requirements of the product are broken down by their logical area, as specified by the client.

Priority	Definition
MUST	These requirements are vital solution features
SHOULD	These requirements are important, but not vital requirements. Typically, they will be painful to leave out, but will leave the solution still viable in their absence.
OPTIONAL	These requirements are desirable, but have little impact if left out.

Reference	Definition	Priority
7.1	Patient Journey	
7.1.1	<p>The solution will require a secure, responsive (desktop, tablet and mobile) web based portal, and mobile app, to allow the patient to perform the following tasks:</p> <ul style="list-style-type: none"> ○ Find and submit online bookings (if required, i.e. vaccinations) ○ Provide consent (Financial, Clinical and Evaluation) ○ Complete and submit service eligibility questionnaires ○ Complete and submit personal details (<i>See Appendix 1: Data Form Specifications – Patient specific</i>) ○ Complete and submit clinical questionnaires (e.g. Pre-vaccination screening checklist, medical history, presenting symptoms or complaints) ○ Complete online body charts to indicate where presenting complaints are occurring. 	MUST
7.1.2	The solution may require functionality to facilitate patients making a secure online payment for the service using a credit card or payment platform like Google Pay or PayPal.	OPTIONAL

7.1.3	The patient web-based portal will require a URL per pharmacy, controllable by the pharmacy.	MUST
7.1.4	The URL must be available as a printable QR Code by the pharmacy.	MUST
7.1.5	The URL should be available as a web based embeddable inline frame (iframe) or similar.	SHOULD
7.1.6	The data captured from the responsive web-based portal will need to be immediately accessible at the participating pharmacy. This will inform the instore triage process for pharmacy staff.	MUST
7.1.7	The patient must be provided with an email summarising the details they completed and submitted into the web-based portal.	MUST
7.1.8	The web-based portal must have links to pages listing a privacy policy, confidentiality policy and cookie policy.	MUST

Reference	Definition	Priority
7.2	Pharmacy Journey	
7.2.1	The solution should have user management with these specific roles: <ul style="list-style-type: none"> - Pharmacy Assistant - Pharmacist - Pharmacy owner 	MUST
7.2.2	The solution must have an appointment management feature with calendar functionality	MUST
7.2.3	The solution must have an SMS and Email notification feature that automatically sends confirmation and reminder messages and any ad hoc messages to the patient by the pharmacy staff.	MUST
7.2.4	The solution must have patient profile management including a CRUD designation per user role as well as a user visible time/date events log.	MUST
7.2.5	The solution must offer printing of patient journey forms.	MUST
7.2.6	The solution must offer functionality to support the instore triage of patients. This includes pharmacy assistants and	MUST

	pharmacists immediately viewing the patient's responses to clinical questionnaires (e.g. pre-vaccination screening checklist, medical history, presenting symptoms or complaints) submitted on the patient portal.	
7.2.7	The solution must offer patient clinical history recording.	MUST
7.2.8	The solution must offer clinical consultation case recording. (See Appendices for data definitions)	MUST
7.2.9	The solution must be integrated with the Australian Immunisation Register using the web services functionality which includes reading from the AIR and writing to the AIR in real time.	MUST
7.2.10	The solution must offer image and document/file (PDF, DOCX, TXT, CSV, JPEG, etc) uploading, storage and viewing.	MUST
7.2.11	The solution must offer clinical notes recording and printing of clinical notes. Where relevant, the clinical and treatment notes must follow the SOATAP framework.	MUST
7.2.12	The solution must offer structured clinical protocol questions based on defined decision trees aligned to the clinical and evaluation protocols.	MUST
7.2.13	<p>The solution must offer Medication prescribing, using a maintained and up-to-date medication database and printing of a paper prescription on A4 paper with pre-defined pharmacy, pharmacist and patient fields including:</p> <ul style="list-style-type: none"> • <i>PatientID</i> • <i>Name</i> • <i>Address</i> • <i>DOB</i> • <i>Script ID</i> • <i>Medication Item</i> • <i>Medication strength</i> • <i>Medication quantity</i> • <i>Medication directions</i> • <i>Pharmacist AHPRA Number (as their prescriber#)</i> • <i>Pharmacist Name</i> • <i>Pharmacist Qualifications</i> 	MUST

	<ul style="list-style-type: none"> • <i>Pharmacy ID</i> • <i>Pharmacy Name</i> • <i>Pharmacy Address</i> • <i>Pharmacy phone number</i> 	
7.2.14	The solution must offer electronic prescribing functionality in the future.	MUST
7.2.15	The solution must offer pathology request creation and printing on A4 paper. Alignment with pathology providers forms is desired.	MUST
7.2.16	The solution must offer prescription and pathology request templates with pre-filled fields as defined in the appendix.	MUST
7.2.17	The solution must offer resources links and a platform knowledge base support library.	MUST

Reference	Definition	Priority
7.3	Dispense verification portal	
7.3.1	The solution must offer an online portal for pharmacists to check the dispense status of prescriptions issued through pilot sites.	MUST
7.3.2	The online portal must be available to all pharmacists with a look up feature (plus barcode scan) of the ScriptID. This includes two factor authentication.	MUST
7.3.3	The online portal must include functionality that allows the dispensing pharmacist to view the items on the original prescription issued.	MUST
7.3.4	The online portal must allow the dispensing pharmacist to select and declare items they have dispensed and provided, then input their pharmacy and professional details.	MUST

Reference	Definition	Priority
7.4	Communication	
7.4.1	The solution must offer interprofessional collaboration letter writing capabilities including templates, automatic field filling for patient and pharmacy details, clinical notes inclusion, treatment notes inclusion, assessment and plan inclusion, PDF creation and printing.	MUST

7.4.2	The solution must offer email and SMS reminder and scheduling functions controllable by the user.	MUST
7.4.3	The solution may offer user editable communication templates that assist pharmacy staff to efficiently generate SMS or Email content.	SHOULD

Reference	Definition	Priority
7.5	Integrations	
7.5.1	The solution requires integrations with the My Health Record, Electronic Prescribing, Healthcare identifiers and Secure Messaging to support the trial requirements.	MUST
7.5.2	The solution requires Australian Immunisation Register web services functionality.	MUST
7.5.3	The solution may offer integrations with or a link to Queensland Health's public health clinical information system: The Viewer. https://hpp.health.qld.gov.au/	SHOULD

Reference	Definition	Priority
7.6	Network administration and Data reporting	
7.6.1	The solution must offer network management capabilities including: <ul style="list-style-type: none"> ○ Adding and subtracting pharmacies ○ Monitoring systems ○ Event logging <ul style="list-style-type: none"> ▪ Audit capabilities for all events with time/date tracking 	MUST
7.6.2	The solution must offer data reporting capability with a detailed data dictionary and a secure Extract, Transform, Load (ETL) process.	MUST
7.6.3	Ability to bulk extract data for evaluation purposes from all participating pharmacies as a single action. Evaluator to have access to extracted data directly.	MUST
7.6.4	Ability to report on the cost of prescriptions and appointments associated with the Pilot.	OPTIONAL
7.6.5	Ability to record medication and vaccination adverse events against an encounter or consultation; <ul style="list-style-type: none"> • Adverse events should be recorded in line with QHealth adverse events database and • TGA Database of Adverse Event Notifications 	OPTIONAL

Reference	Definition	Priority
7.7	Evaluation survey	
7.7.1	The solution must offer the automated sending of sms or email messages at a defined interval with a URL to evaluation, case ID and case date included for surveys (PRIMS, PREMS, PROMS).	MUST
7.7.2	The solution should be able to link, via API, to Qualtrics for evaluation purposes.	SHOULD

8. Non-functional Requirements

Reference	Definition	Priority
8.1	Performance and Scalability	
8.1.1	The solution will require processing and display with an average response time <1000ms (time to first byte), for the patient engagement portal data.	MUST
8.1.2	For the solution's patient portal, appointment times, service offering, patient questions and other displayed data should cater for approximately 30,000 requests per second.	MUST
8.1.3	The solution will require performance capabilities as defined by the conformance documents for: <ul style="list-style-type: none"> AIR web services; My Health Record ePrescribing Healthcare Identifier services 	MUST
8.1.4	The solution must offer physical scalability including (but not limited to) databases, storage, network bandwidth and processing.	MUST
8.1.5	The solution must offer intangible scalability in the form of network activation, agile product development for new features, changes to databases, evaluation requirements, business processes and user processes.	MUST
8.1.6	Longer term, at a minimum the solution must be scalable to support up to 6000 pharmacies using the solution concurrently	MUST

	on 5 workstations with a performance response time of <0.1 second.	
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Reference	Definition	Priority
8.2	Installation and Configuration	
8.2.1	Any required installed software including adapters for software integrations must be installed on the Windows platform within the pharmacy environment. Windows 10 and above is required.	MUST

Reference	Definition	Priority
8.3	Usability and accessibility	
8.3.1	<p>The solution's patient components must be usable across Windows, Android and iOS devices including desktops, laptops, mobile phones and tablets.</p> <p>At a minimum for web browsers:</p> <ul style="list-style-type: none"> - Safari Version 16 and later - Safari (in-app) - Chrome Version 102 or later - Microsoft Edge Version 102 or later - Samsung Internet Version 16 or later - Android Webview Version 102 or later - Firefox Version 91 or later 	MUST
8.3.2	The solution's pharmacy components must be usable on Windows 10 or higher, on multiple workstations at the one time in the pharmacy.	MUST
8.3.3	The solution's patient components should adopt recommendations of the WCAG 2.1 accessibility guidelines.	SHOULD
8.3.4	<p>The solution must record the following details for pharmacy users to access features:</p> <ul style="list-style-type: none"> - Full name - AHPRA number (if available) - User type: Pharmacy owner, Pharmacist, Pharmacy Assistant 	MUST

	- HPI-I (if available)	
8.3.5	The solution must provide single, multi-stage or multi-factor authentication on all user accounts. Pharmacist users who performed the clinical case work must have their user identity in the system saved and associated with the completed case and events log.	MUST
8.3.6	The solution must provide strong authentication. This includes approaches such as: <ul style="list-style-type: none"> - Minimum password length (8 characters + 1 upper case letter + 1 number) or password aligned to ISM Security Control 0417 and ISM Security Control 0412 - Password composition - Password retry limits - Password refresh intervals - Password reuse intervals 	MUST

Reference	Definition	Priority
8.4	Localisation	
8.4.1	The solution must comply with the relevant Australian laws, regulations and guidelines regarding data sovereignty.	MUST
8.4.2	The solution must be presented in Australian English, use AUD currency if required, and comply with Australian standards for date and time DDMMYYYY or DDMMYY or DD-MM-YYYY or as requested by the client. See example standard: https://www.health.qld.gov.au/_data/assets/pdf_file/0027/397305/qh-imp-279-3.pdf	MUST
8.4.3	Data at rest should be stored using Australian located servers. If overseas servers are used, documentation must be provided that proves the cloud service provider complies with Australia privacy laws, the Privacy Act 1988 and by extension the Australian Privacy Principles. Furthermore, contractual arrangements must be disclosed to specify data ownership rights including that data cannot be used by the cloud service provider for their own purposes.	MUST

Reference	Definition	Priority
8.5	Information security	
8.5.1	The solution must be governed by an information security and management system meeting or exceeding ISO27001 or comparable governance frameworks.	MUST
8.5.2	The solution must encrypt information assets at rest using an Australian Signals Directorate (ASD) approved cryptographic algorithm.	MUST
8.5.3	The solution must, on request, generate a file or files that contain the information captured in the audit logs in human readable format. This requirement pertains to the generation of a file or files that can be shared or sent to relevant regulatory bodies and the evaluators upon request. 'Human readable formats' include text files, PDF files, log files or any other format that presents the required information.	MUST

Reference	Definition	Priority
8.6	Portability and compatibility	
8.6.1	The solution's pharmacy component must be able to run on all versions of Windows from Version 10 to 11 with no change to behaviour or performance.	MUST
8.6.2	The solution's patient component must be able to run on all operating systems and browsers listed in 8.3.1 with no change to behaviour or performance.	MUST

Reference	Definition	Priority
8.7	Availability, Maintainability and Reliability	
8.7.1	The solution must operate at a minimum 99% uptime percentage.	MUST
8.7.2	System maintenance must be performed outside of core pharmacy business operating hours as approved by the client.	MUST
8.7.3	The mean time to restore the solution following a failure must not be greater than 45 minutes.	MUST
8.7.4	The solution must perform without failure in 99% of use cases.	MUST

Reference	Definition	Priority
8.8	Limitations The following instruments must be complied with as part of the solution.	
8.8.1	Australian Privacy Principles	MUST
8.8.2	Commonwealth Privacy Act 1998	MUST
8.8.3	State and Territory Health Privacy Acts where relevant	MUST

9. Budget

Given the timeframes and the unique nature of the solution for community pharmacy, the client is willing to entertain innovative price structures and cost proposals from the provider.

A flat fee per occasion of service will be charged to the pharmacy according to the type of occasion of service (consultation) which will be set by the client as part of the contract negotiations. It is not the clients view that such a fee will cover the full cost of the software.

A binding delivery and service level agreement (SLA) will be part of the negotiated contract.

10. Ongoing Support

The provider will be required to support the client, evaluators and pharmacy network with software support. The provider will be required to detail their escalation levels (P3, P2, P1 etc), their hours of operation, location of support centres and incident procedures.

11. RFP Evaluation Criteria

11.1. Performance commitments

It is expected that the vendor discusses their performance commitments to product design, delivery, ongoing maintenance and support for the solution with specific descriptions and examples of previous work. References and accessible working examples in production are most valued by the client.

11.2. Commitment to put meaningful risk against performance and outcomes

The client requests that the vendor details and quantifies using a risk matrix all perceived and actual risks they identify from the functional and non-functional requirements. The vendor's understanding of the Pharmacy industry and Pharmacist practice in the community will also be assessed.

11.3. Pricing evaluation

The client requests a detailed quote of the required solution including product, technology, security, support, training, changes and any ongoing costs.

11.4. Scope definition

The client will evaluate each vendor's response to the required scope including how and when functional requirements will be delivered. It is understood that 3rd party integrations and conformance processes have dependencies. Vendors are encouraged to present their detailed understanding of the scope and their view of a minimum viable product.

11.5. Technical and operational solution

The client will consider the operational excellence of the vendor including project methodologies during the delivery of the minimum viable product. Furthermore, the client will evaluate based on the vendor's technical approach (including types of technology) in the context of information security.

11.6. Governance approach and methodology

The client will evaluate the vendors information security management system approach including accreditation. The vendor is encouraged to discuss their IS governance.

11.7 Configuration

The client will evaluate each vendor's response on how they will work with the client to configure proprietary software to meet the Pilot's requirements.

11.8 Testing

The client will evaluate each vendor's end-to-end testing activities including UAT processes that include client representatives (e.g. pharmacy assistants, pharmacists, admin staff, evaluators) using test data.

11.9 Patient and Pharmacist Interface

The client will evaluate each vendor's patient and pharmacist interface, looking at usability, access, ease of use and plain English instructions, intuitiveness and usability.

11.10 Variations

The Pilot may require variations to the solution at any time, at the discretion of the client, Queensland Health and the evaluators. Some occasions of service may be removed, added or changed. The client will evaluate each vendor's response on change request processes and pricing policies.

11.11 Training

The client will require a detailed training plan from the vendor including details on delivery options, including online (live and on-demand), printable and in person.

11.12 Roadmap

The client will require a detailed product and technology roadmap from the vendor.

SUPPLIER INFORMATION

12. Supplier questionnaire

1. Organisation

1.1. Please provide the following general information:

- 1.1.1. Full legal name of the company
- 1.1.2. Country and address
- 1.1.3. Website address
- 1.1.4. Primary contact in charge of RFP response

1.2. Please provide an overview of the company:

- 1.2.1. A brief history of the company
- 1.2.2. What is the size of the company?
- 1.2.3. How big is your development team?
- 1.2.4. How is the company funded?
- 1.2.5. What are the company's values, mission and vision?
- 1.2.6. Why are you better than other suppliers? What makes you special?

1.3. How does the company fit to Australia?

- 1.3.1. What time zone is your development team located in?
- 1.3.2. Please indicate the level of communication skills in English across the team.
- 1.3.3. Please indicate if your employees can travel and/or spend time at customer sites and indicate the pricing policy in these circumstances.

1.4. Please describe your organisational structure and identify your areas of expertise and additional competencies.

- 1.4.1. Organisational structure
- 1.4.2. Areas of expertise in terms of all your services and additional competencies
 - 1.4.2.1. Please indicate if you conduct initial workshops with key stakeholders.
 - 1.4.2.2. Please explain your process of gathering requirements and recommending solutions.
 - 1.4.2.3. Please describe the process of designing a full solution with a roadmap for delivery while working on a project.
 - 1.4.2.4. Please indicate if you can provide dedicated teams working exclusively on this project.

1.4.2.5. Please describe your experience regarding conducting digital transformation projects with the use of cutting-edge technologies, e.g. Cloud, Machine Learning, Artificial Intelligence and Business Intelligence.

1.5. Please describe your risk mitigation policy to ensure business continuity. Provide details of your continuity plan and how it minimises business impact in the event of major disruption to its business. Include details of backup provisions for replacing Specified Personnel due to annual leave and other unscheduled absences, and the Respondent's process for knowledge transfer.

2. Experience

2.1. Please describe your experience working on projects that are within the pharmacy or medical industry. Provide 3 case studies.

2.2. Please provide examples of what you have worked on:

2.2.1. Clinical information systems

2.2.2. Patient facing software solutions

2.2.3. Data science solutions

2.3. Please provide evidence of customer projects where you have demonstrated a contribution to 'innovation', created added-value and have been challenging your client i.e. done more than 'handle turning' of the code, changed the way your client looked at own business/project.

2.4. Please provide examples of deliveries that demonstrate your organisation's experience and capability in each of the relevant technologies. It is important that you clearly state the role that your company played in the delivery.

2.5. Please describe your model for engaging with clients, looking to augment their staff with extra resources.

2.6. Please provide a minimum of three trade references including points of contact, their positions and contact details.

2.6.1. Reference 1

2.6.2. Reference 2

2.6.3. Reference 3

2.7. Awards and certifications

2.7.1. Please provide details of any awards your company has won (or your customers have won for solutions you have designed and/or implemented)

2.7.2. Please provide details of certifications your company has gained (such as ISO27001, etc.)

3. Project Management

3.1. Please describe software development life cycle methodologies you are familiar with and provide a summary of your experience with that methodology and what methodology you would use for this project (i.e. Waterfall, Agile, Iterative, etc.).

3.2. Agile

Please provide an overview of your organisational approach and experience of Agile development approach, Scrum, scaled Scrum and Kanban

3.3. Please describe your experience with project management. How do you ordinarily scope, estimate, assign resources and measure progress, in order to plan:

3.3.1. Requirements management

3.3.2. Estimating

3.3.3. Resources

3.3.4. Progress

3.3.5. Risk

3.4. Please describe examples of behaviour showing flexibility and adaptivity towards previous clients.

3.5. Please describe the system you use for tracking progress of your delivery.

3.6. Outline your ability to respond rapidly to update the platform due to changes in state and federal legislation. Please provide examples of specific scenarios in which you have demonstrated this.

3.7. Please attach a proposed approximate project timeline for the planning and delivery of the services by the Respondent. Label the document 3.7: Project Timeline - Company

4. Technical experience

4.1. Please indicate the number of trained employees.

Skill/Capability	Total
.NET	
ASP.NET MVC	
SQL Server	
Java	
Solution Architects	
Quality Assurance	

Security testers	
Data engineers	
Machine Learning	
Xamiran	
C#.Net	
.NetCore	
Angular	
Cold fusion	
Front end unit testing	
Backend unit testing	
UI Development/HTML/CSS/Javascript	
NodeJs	
UI Design	
Automated testing	
SQL Server SQL	
MySQL SQL	
DBA Skills	
Data wrangling	
Git	
Azure DevOps	
AWS DevOps	
CI/CD	
Other:	
Other:	
Other:	
Other:	
Other:	

4.2. Please detail your approach to software engineering resourcing, including the location of offshore and onshore software developers. Specific details are required on your policies for access to production databases that contain personally identifiable information and health information.

- 4.3. Please explain how you expand your capabilities and what is your approach to maintaining and enhancing your employees' skills in emerging technologies.
- 4.4. Do you have an innovation centre or technical expertise department? If yes, what does your technical expertise department currently focus on and why?
- 4.5. Do you hold any Certified Partner statuses? If so, with who and at what level? Please provide a summary of the number and level of certified developers you have. Do you possess any other certifications? Please describe.
- 4.6. Please explain your capability, experience and level of adoption in these areas (including names of any specific tools and technologies you have used):
 - 4.6.1. Continuous integration
 - 4.6.2. Automated deployments
 - 4.6.3. Automated testing
 - 4.6.4. Performance and load testing
 - 4.6.5. Security testing
 - 4.6.6. Technical documentation
- 4.7. How do you ensure a consistent standard across services?

5. Quality assurance

- 5.1. What mechanisms do you have in place to ensure quality?
- 5.2. Please describe your quality assurance methodology
 - 5.2.1. What tools do you use?
 - 5.2.2. What processes do you follow?
 - 5.2.3. What standard documentation do you produce?
- 5.3. Please describe what negative situations do you most often encounter in projects
- 5.4. Do you possess infrastructure for conducting performance-based testing? If so, describe the infrastructure, utilities and your experience conducting different forms of performance testing (stress, load, volume, etc.)

6. Resourcing

- 6.1. What strategies do you take to minimise attrition and maximize business continuity?
Please share your attrition statistics.
- 6.2. Please describe your approach to dealing with volatile demand (ramp up and down) with respect to maintaining both: knowledge management and access to skills.
- 6.3. Please provide details of typical ramp-up times to supply resources.
- 6.4. Are team members assigned exclusively to the project for the duration of the assignment?

7. Infrastructure

- 7.1. How do you normally establish connectivity with your client organisations?
- 7.2. What communication mechanisms do you have in place to facilitate elevation and resolution of questions and issues during a project?
- 7.3. Please describe the environment in which you develop software. On-premise/cloud, infrastructure, software used, metrics, etc.
- 7.4. Who bears the infrastructure costs?
- 7.5. Please describe the geo-location of your infrastructure including how you maintain the privacy and confidentiality of personal information
- 7.6. Please comment on how you comply with the Australia Privacy Principles, using examples.

8. Security

- 8.1. Please describe security measures you have in place related to:
 - 8.1.1. Hardware
 - 8.1.2. Software
 - 8.1.3. Intellectual Property
 - 8.1.4. Data protection
- 8.2. What measures do you have in place to protect your clients' proprietary information?
What do you have above and beyond NDA to secure our data and knowledge?
- 8.3. Please detail the information security framework and certifications your company maintains (e.g. ISO/IEC 27001)?
- 8.4. Please provide evidence of external security assessments as part of a vendor assessment.

9. Commercial Model

9.1. Above and beyond your comprehensive quote for the solution, please describe your business models, stating any preferences and reasoning in the following areas, should other works be necessary:

- 9.1.1. Time & Materials
- 9.1.2. Core team on a fixed monthly charge
- 9.1.3. Fixed price for work packages
- 9.1.4. Other

10. Rate Card:

Role	Price range / hourly rate
Solution Architect	
Senior Developer	
Junior Developer	
Quality Assurance Engineer	
DevOps Engineer	
Infosec Professional	
Product Manager	
Business Analyst	
UX/UI designer	
Solution Architect	
Other 1:	
Other 2:	
Other 3:	

11. Supplier Declaration

- 11.1. You must submit with your Offer a signed Supplier Declaration in the form set out below.
- 11.2. If the Supplier Declaration is not completed, or only partially completed, your application will be considered invalid and will be excluded from the RFP process.
- 11.3. The Supplier Declaration must be signed by someone who is of sufficient seniority, authorised to sign and able to verify that all elements of the declaration are true and correct. E.g. Chief Executive Officers or a Senior Manager.
- 11.4. If you are submitting the offer as part of a consortium, each entity comprising the consortium or partnership must submit a separate Supplier Declaration.

Topic	Declaration	Supplier's Declaration
RFP Process, Terms and Conditions	I/we have read and fully understand the RFP, including the applicable procurement process and supply conditions. I/we confirm that the Supplier/s agree to be bound by them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' state reasons		
Collection of further information	<p>The Supplier/s authorises the Client to:</p> <p>a. collect any information about the Supplier, except commercially sensitive pricing information, from any relevant third party, including a referee, or previous or existing client</p> <p>b. use such information in the evaluation of this Offer.</p> <p>The Supplier/s agrees that all such information will be confidential to the Client.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirements	<p>I/we have read and fully understand the nature and extent of the requirements described in the RFP.</p> <p>I/we confirm that the Supplier/s has the necessary capacity and capability to fully meet or exceed the requirements and will be available to deliver throughout the relevant period.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' state reasons		
Ethics and Unlawful Collusion	<p>In submitting this Offer the Supplier/s warrants that:</p> <p>a. it is independent and that there has not been any unlawful collusion or anti-competitive conduct with any other Supplier or party in connection with this procurement process. This clause does not apply to any formal joint venture contractual arrangement entered into between the</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>Supplier and any other person(s), the details of which have been provided to the Client as part of the Offer submitted by the Supplier.</p> <p>b. the total value of the goods and/or services to be provided by sub-contractors, to the extent known at the time of making this declaration, is above \$250,000</p> <p>c. it has not directly or indirectly approached any employee or representative of the Client or any Other Pilot Partner (other than the Contact Officer for the Client) to solicit information in relation to the RFP.</p> <p>d. it has not offered any incentive, or otherwise attempted to influence or provide any form of personal inducement, reward or benefit to any employee or representative of the Client or any Other Pilot Partner in relation to the RFP.</p>	
Offer Validity Period	I/we confirm that this Offer, including the price, remains open for acceptance for 60 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No' state reasons and alternate validity period		
Electronic Files	I/we confirm that I/we have checked any electronic files contained in the Offer and that these are free from viruses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conflict of Interest declaration	<p>The Supplier warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Offer, or entering into a Contract to deliver the requirements.</p> <p>Where a Conflict of Interest arises during the RFP process the Supplier/s will report it immediately in writing to the Client's Contact Officer.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Details of Conflict of Interest: Suppliers must give details of any possible Conflict of Interest that exists or may arise in relation to the making and/or acceptance of their Offer. If You think you may have a Conflict of Interest briefly describe the conflict and how You propose to manage it or write "not applicable".</p>		
<p>DECLARATION</p> <p>I/we declare that in submitting the Offer and this Supplier Declaration:</p> <p>a. the Offer is enforceable by the Client;</p> <p>b. the information provided is true, accurate and complete and not misleading in any material respect;</p> <p>c. the Offer does not contain Intellectual Property that will breach a third party's rights;</p> <p>d. I/we have secured all appropriate authorisations to submit this Offer, to make the statements and to provide the information in the Offer and I/we am/are not aware of any impediments to enter into a formal Contract to deliver the requirements.</p> <p>I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and Offer may result in the Offer being excluded from further consideration in the RFP process and may be grounds for termination of any Contract awarded as a result of the RFP process.</p>		

By signing this declaration, the signatory below represents, warrants and agrees that they have been authorised by the Supplier/s to make this declaration on its/their behalf.

Authorised Person Signature:	
Authorised Person Name:	Click or tap here to enter text.
Title / Position:	Click or tap here to enter text.
Name of organisation	Click or tap here to enter text.
Date:	Click or tap here to enter text.
Signature of Witness:	
Witness Name:	Click or tap here to enter text.
Date:	Click or tap here to enter text.

12. Additional information

- 12.1. How do you guarantee post-production support?
- 12.2. Are there any additional capabilities that you wish to highlight?
- 12.3. Do you have any questions for us?

APPENDICIES

13. Appendix 1: Data Form Specifications – Patient specific

Patient administration details

Fields	Format/Validations	Comments
First name	Open text field 35 characters	
Middle name	Open text field 35 characters	
Surname	Open text field 35 characters	
Address	Open text field 255 characters	
Suburb	Open text field 35 characters	
State	List: ACT, NSW, NT, QLD, SA, TAS, VIC, WA	Discreet list
Postcode	Searchable dropdown list	
Date of Birth	DD/MM/YYYY	
ATSI Status	Aboriginal/Torres Strait Islander/Both/Neither/Prefer not to say	Discreet list
Regular GP	Open text field or drop down list of options	
Medicare Number	Numerical Field	
Patient ID		
Case ID		
Mark as deceased	Checkbox	
Gender	Male/Female/ X	Discreet list

Patient clinical history

Fields	Format/Validations	Comments
Past medical history	Text field 5000 characters	
Past surgical history	Text field 5000 characters	
Medications	List	
Medications	Checkbox – Yes/No	
Allergies/reactions	Checkbox – Yes/No	
Smoking history	List	Smoke daily Smoke occasionally Previous smoker Never smoked
Alcohol history		Never Monthly or less Once a week Once a fortnight 2-3 times a week 4+ times a week

Standard drinks per day on a typical day when drinking	List - numbers
Other drug use	Yes/No Text Field 5000 characters
Obstetric	Text field 5000 characters
Sexual activity	Text field 5000 characters
Family history	Text field 5000 characters
Work/Hobbies/Other	Text field 5000 characters

14. Appendix 2: Data Form Specifications – Consultation specific

Patient case details | Medication Management | Vaccinations

Fields	Format/Validations	Comments
Consultation length	Valid fields: Short/Medium/Long	
Vaccinating against	Search/Select	SNOMED-CT Terminology, where feasible
Dose number		
Dose strength/volume		
Batch Number	Text Field	
Serial Number	Text Field	
Expiry date	DD/MM/YYYY	
Date/Time Administered	DD/MM/YYYY, 00:00:00	
Route of Admin	Option	
Site of Admin	Option	
Clinical notes	Additional Fields as required as per the clinical guidelines	
AIR Encounter data requirements	Individual and Information Provider data attributes	
AEFI	Y/N	Dependent on QHealth reporting requirements.

Patient case details | Medication Management | Medication administration

Fields	Format/Validations	Comments
Consultation length	Valid fields: Short/Medium/Long	
Condition	Search/Select	

Adverse Event	Y/N	Dependent on QHealth reporting requirements.
Batch Number	Text Field	
Serial Number	Text Field	
Expiry Date	DD/MM/YYYY	
Date/Time Administered	DD/MM/YYYY, 00:00:00	
Route of Admin	List	
Site of Admin	List	
Additional Fields as required as per the clinical guidelines		

Patient case details | Medication Management | Therapeutic adaption and substitution

Fields	Format/Validations	Comments
Prescribed Drug	Search/Select	SNOMED-CT Terminology
Prescribed Dose	Numerical Field + List	Numerical to type dose, Option to select unit of measure from list.
Prescribed Form	List	
Prescribed Route	List	
Prescribed Directions	Text Field	
Prescribed Qty	Numerical Field	
New Drug	Search/Select	SNOMED-CT Terminology
New Dose	Numerical Field + List	Numerical to type dose, Option to select unit of measure from list.
New Form	List	
New Route	List	
New Directions	Text Field	
New Qty	Numerical Field	
Reason for Adaptation/Substitution	Text Field	
Communicated to original prescriber?	Y/N	

Patient case details | Medication Management | Continued dispensing

Fields	Format/Validations	Comments
Prescribed Drug	Search/Select	SNOMED-CT Terminology
Prescribed Dose	Numerical Field + List	Numerical to type dose, Option to select unit of measure from list.
Prescribed Form	List	
Prescribed Route	List	
Prescribed Directions	Text Field	
Prescribed Qty	Numerical Field	

Patient case details | Common conditions and health and well-being services, Chronic disease management programs.

Fields	Format/Validations	Comments
Patient reasons for occasion of service	List	ICPC-2 classification
Problem managed	List	ICPC-2 classification- up to four problems recorded, minimum of 1 problem compulsory
Pilot category	List	As per Pilot scope, common conditions and health and wellbeing services
Status of each problem	List	New (first presentation) Old (follow up of previously managed problem)
Subjective	Text field 5000 characters	
Objective	Text field 5000 characters	
Assessment	Text field 5000 characters	
Treatment	Text field 5000 characters	
Assessments	Text field 5000 characters	
Plan	Text field 5000 characters	
Prescribed Drug	Search/Select	SNOMED-CT Terminology
Prescribed Dose	Numerical Field + List	Numerical to type dose, Option to select unit of measure from list.
Prescribed Form	List	
Prescribed Route	List	
Prescribed Directions	Text Field	
Prescribed Qty	Numerical Field, includes repeats	
Drug status	List	New Continuing
Procedures, other treatments, counselling this consult for this problem	Yes/No checkbox each for procedures, other treatments and counselling Text Field 5000 characters	
New Referrals	List Text Field 5000 characters	Emergency Department General practitioner Medical specialist Allied Health professional (METEOR identifier 705794 – 23 professions) Other (Text Field 5000 characters)

Pathology item requests	Yes/No Checkbox Text Field up to 5000 characters
Imaging/ other tests	Yes/No checkbox Text field 5000 characters
Measurements/Test results, for this problem	Fields as required as per the clinical guidelines: <ul style="list-style-type: none"> - Weight - Height - BMI (calculated) - Waist circumference - FEV1 - FVC - FEV1:FVC ratio% - SpO₂ - PEF - Systolic BP - Diastolic BP - Heart rate - Total Cholesterol - HDL-C - LDL-C - Triglycerides - HbA1C - Blood Glucose (pre-prandial) - Blood Glucose (post prandial) - Creatinine (urinary) - Albumin (urinary) - uACR (calculated) - eGFR
Overview of Management	Text field 5000 characters

Patient case details | Structured prescribing | Cardiovascular disease risk reduction program for Type 2 Diabetes, hypertension and dyslipidaemia

Fields	Format/Validations	Comments
Patient reasons for encounter	List	ICPC-2 classification
Problem managed	List	ICPC-2 classification Up to 4 problems recorded, minimum of 1 problem compulsory
Pilot category	List	As per Pilot scope
Status of each problem	List	New (first presentation) Existing (follow-up of previously managed problem)
Subjective	Text Field 5000 characters	
Patient Assessment	Fields as per clinical protocol	BP Waist circumference Weight Height
Objective	Text Field 5000 characters	
Pathology	Fields as per clinical protocol	HbA1c Total Cholesterol HDL-C LDL-C Triglycerides HbA1C Blood Glucose (pre-prandial) Blood Glucose (post prandial) Creatinine (urinary) Albumin (urinary) uACR (calculated) eGFR
Assessment	Text Field 5000 characters	
CVD risk	Text Field 5000 characters (numerical value)	As per clinical protocol
Treatment goal	List/branch and Text Field 5000 characters	Reduction in CVD risk, as per clinical protocol BP less than 140/90 (or less than 130/80 mm Hg if diabetic) LDL less than 2.0 mmol/l HbA1c less than or equal to 7.0 Reduction in current smoking Reduction in BMI Other
Treatment	Text Field 5000 characters	

Overview of management	Text Field 5000 characters	
Prescribed Drug	Search/Select	SNOMED-CT Terminology
Prescribed Dose	Numerical Field + List	Numerical to type dose, Option to select unit of measure from list.
Prescribed Form	List	
Prescribed Route	List	
Prescribed Directions	Text Field	
Prescribed Qty	Numerical Field, includes repeats	
Drug status	List	New Continuing
Procedures, other treatments, counselling this consult for this problem	Yes/No for each of procedures, other treatments and counselling (up to 5000 characters)	
Scheduled review	Text Field 5000 characters	
New referrals	List Text Field 5000 characters	Emergency department General practitioner Medical specialist Allied health professional (METEOR identifier 705794 – 23 professions) Other (Text Field 5000 characters)
Communication with usual medical practitioner	List Text Field 5000 characters	Communication options
(re) Assessment	Text Field 5000 characters	
Plan	Text Field 5000 characters	
Upload to MHR	Yes/No Text Field 5000 characters	

Patient case details | Structured prescribing | Improved Asthma (and exercised induced Bronchoconstriction) Symptom Program

Fields	Format/Validations	Comments
Patient reasons for encounter	List	ICPC-2 classification
Pilot category	List	As per Pilot scope
Status	List	New (first presentation) Existing (follow-up of previously managed problem)
Subjective	Text Field 5000 characters	

Patient Assessment	Fields as per clinical protocol	FEV1 FVC FEV1:FVC ratio% SpO ₂ Asthma control test
Objective	Text Field 5000 characters	
Assessment	Text Field 5000 characters	
Treatment goal	List/branch and Text Field 5000 characters	As per clinical protocol, Asthma control / management of flares Smoking cessation Lifestyle Other
Treatment	Text Field 5000 characters	
Overview of management	Text Field 5000 characters	
Prescribed Drug	Search/Select	SNOMED-CT Terminology
Prescribed Dose	Numerical Field + List	Numerical to type dose, Option to select unit of measure from list.
Prescribed Form	List	
Prescribed Route	List	
Prescribed Directions	Text Field	
Prescribed Qty	Numerical Field, includes repeats	
Drug status	List	New Continuing
Procedures, other treatments, counselling	Yes/No checkbox for each Text Field 5000 characters	
Asthma Action Plan / recommendations	Text Field 5000 characters	
Scheduled review	Text Field 5000 characters	
New referrals	List Text Field 5000 characters	Emergency department General practitioner Medical specialist Allied health professional (METEOR identifier 705794 – 23 professions) Other (Text Field 5000 characters)
Communication with usual medical practitioner	List Text Field 5000 characters	
Upload to MHR	Yes/No checkbox	

Patient case details | Structured prescribing | Chronic Obstructive Pulmonary Disease (COPD) monitoring program

Fields	Format/Validations	Comments
Patient reasons for encounter	List	ICPC-2 classification
Pilot category	List	As per Pilot scope
Status	List	New (first presentation) Existing (follow-up of previously managed problem)
Subjective	Text Field 5000 characters	
Patient Assessment	Fields as per clinical protocol	COPD Assessment Test FEV1 FVC FEV1:FVC ratio% SpO ₂
Objective	Text Field 5000 characters	
Assessment	Text Field 5000 characters	
Treatment goal	List/branch and Text Field, up to 5000 characters	As per clinical protocol, Stable COPD Smoking cessation Exercise and physical activity Nutrition BMI
Treatment	Text Field 5000 characters	
Overview of management	Text Field 5000 characters	
Prescribed Drug	Search/Select	SNOMED-CT Terminology
Prescribed Dose	Numerical Field + List	Numerical to type dose, Option to select unit of measure from list.
Prescribed Form	List	
Prescribed Route	List	
Prescribed Directions	Text Field 5000 characters	
Prescribed Qty	Numerical Field, includes repeats	
Drug status	List	New Continuing
Procedures, other treatments, counselling	List for each of procedures, other treatments, and counselling Text Field 5000 characters	
COPD Action Plan recommendations	Text Field 5000 characters	

Scheduled review	Text Field 5000 characters	
New referrals	List Text Field 5000 characters	Emergency department General practitioner Medical specialist Allied health professional (METEOR identifier 705794 – 23 professions) Pulmonary rehabilitation Other (Text Field 5000 characters)
Communication with usual medical practitioner	List Text Field 5000 characters	

15. Appendix 3: Other Data Reports

Patient Portal | Ineligible

Fields	Format/Validations	Comments
Date/Time of event	DD/MM/YYYY, 00:00:00	
Reason for ineligible	Discreet list	
Post code of pharmacy	numeric	
Post code of patient	numeric	
ATSI Status	Aboriginal/Torres Strait Islander/Both/Neither/Prefer not to say	Discreet list
Referral	Type	Discreet list
Referral	To Whom	Discreet list
Usual Pharmacy Care	Yes/No	Ability to add notes – S3 care
Gender	Male/Female/Other	
Date of Birth	DD/MM/YYYY	
Case ID	Numeric	
Regular Patient	Yes/No	
Consent to contact for evaluation	Yes/No Checkbox	
Email/phone contact for evaluation	Phone Email or Both	

Specificati on	Requirement	Comments
Filename	reportingfile_transactions_{transactionsFrom}_to_{transctionsTo}_v{Revision Number}.csv	TransactionFrom and TransactionTo should be the date range of the transaction present in the file
File Type	CSV	