

RACGP Position Statement: My Health Record

October 2019

Position

The Royal Australian College of General Practitioners (RACGP) supports the concept of a national electronic health record. The current national system is My Health Record. The RACGP is committed to ensuring its members have the necessary knowledge to make an informed decision about participation in My Health Record.

The RACGP:

- supports the use of My Health Record as an **additional** source of information for healthcare providers
- supports consumer ownership and control over their My Health Record and recommends that consumers are notified when their record is activated
- supports the “authority under the law” consent model (formerly known as standing consent)
- supports the appropriate secondary use of de-identified My Health Record data for public health and research purposes

Background

In 2019 a My Health Record was created for all Australians known to Medicare or the Department of Veterans Affairs unless an individual elected to opt-out. It had been available since 2012 on an opt-in basis.

My Health Record is a national repository for documents containing healthcare information that is accessible by healthcare providers and healthcare consumers. It can contain information created and uploaded by healthcare providers and healthcare consumers and from sources such as Medicare, the Pharmaceutical Benefits Scheme (PBS), and the Australian Immunisation Register (AIR).

Consumers can restrict access by particular healthcare organisations to their entire My Health Record or to individual documents contained within it.

My Health Record as an additional source of information

For general practitioners (GPs), My Health Record can provide an additional source of information that may not otherwise have been available via normal communication channels (for example, pathology results where the treating GP was not the requester, or discharge summaries where the treating GP was not identified as the nominated GP). My Health Record is not a communication tool for direct communication between healthcare providers. It remains essential for healthcare providers to continue to communicate directly with each other, ideally via secure electronic communications.

Workflow, usability and data quality

The RACGP advocates for the implementation of systems and processes that support My Health Record data quality, usability, and minimise the administrative and regulatory burden on general practice. Focus should be on the design and integration of My Health Record with clinical software used in general practice to ensure using My Health Record fits with normal clinical workflow. All healthcare organisations actively participating in My Health Record should ensure their local data is fit to share across the healthcare sector.

Patient consent

The RACGP supports the “authority under the law” model where registered healthcare provider organisations are authorised to collect, use and disclose health information in a healthcare recipient’s My Health Record for the purpose of providing healthcare to the recipient, subject to any access controls set by the recipient (formerly known as standing consent model). GPs may still wish to discuss information that is sensitive in nature with the patient prior to uploading it to their record

Healthcare providers are under no obligation to actively participate with the My Health Record by viewing or uploading information to My Health Record on behalf of patients. GPs should, however, be aware they might be passively contributing to patients’ My Health Record, regardless of whether they are registered to use My Health Record themselves. Examples of passive contributions include information about services provided to a patient being part of Medicare and PBS data.

The RACGP believes that individuals should be notified by the Australian Digital Health Agency the first time their record has been accessed, so that they have an opportunity to consider and establish their access controls as appropriate.

On-going advocacy and education

As My Health Record moves into a new phase following the change to an opt-out model, it is important that Government continues to improve My Health Record and supports the health sector to implement and use it as part of their regular workflows. GPs are not responsible for the education of their patients in the use of the system and it is important the Government provides public education regarding consumer management of their records.

Secondary use of data

As outlined in the Australian Government’s Framework to guide the secondary use of My Health Record system data the RACGP supports the appropriate use of de-identified My Health Record data for public health purposes and for research.

References

1. Australian Government Department of Health. Framework to guide the secondary use of My Health Record system data. Canberra: Commonwealth of Australia; 2018.
2. The Royal Australian College of General Practitioners. Submission to the Department of Health on the Development of a Framework for secondary use of My Health Record data. Melbourne: RACGP; 2017.

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Related resources

- [My Health Record: A brief guide for general practice](#)
- [Agreement to access My Health Record template for general practices](#)
- [Assisted registration policy template for general practices](#)
- [My Health Record policy template for general practices](#)

Version

Version	Date	Description
V1.1	June 2016	
V2.1	June 2018	Restructuring and new content
V3.1	October 2019	Restructuring and new content