# RACGP response Sharing Medicines-Related Information to My Health Record by Default (Online Prescribing Services)

July 2026

RACGP

# 1. Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback to the Sharing Medicines-Related Information to My Health Record by Default (Online Prescribing Services) consultation.

The RACGP supports measures to improve access to medicines information and reduce fragmentation. Careful design and implementation will be critical to ensure these reforms deliver meaningful safety benefits without unintended consequences. RACGP has expressed concerns about the growth in telehealth only services and recently published a position statement.

The RACGP response does not directly address the specific questions posed in the consultation document. Instead, we address the key areas most relevant to general practice related to clinical usability and a focus on safe, coordinated and patient-centred care.

# 2. About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As the national peak body representing over 50,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population. We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs.

We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues affecting their practices. We are a point of connection for GPs serving communities in every corner of the country.

Australia's GPs see more than two million patients each week, and support Australians through every stage of life. Every year, almost nine in ten Australians visit a specialist GP for their essential healthcare, making them the most accessed health professional in the country. The scope of general practice is unmatched among health professionals. Patient centred care is at the heart of every Australian general practice, and at the core of everything we do.

# 3. Key recommendations

- Share by default reforms must support the coordinating role of general practice to ensure GPs can easily access, interpret and act on shared medicines information.
- These reforms must not diminish or seek to replace expectations on health professionals to directly communicate with each other
- Event Summaries in My Health Record are not suitable for sharing patient information.
- Government must implement and fund a comprehensive, ongoing patient education and engagement strategy to ensure patients understand the safety implications of restricting information in their My Health Record.
- Consideration should be given to implementing a nationally consistent real-time prescription monitoring framework, including harmonised alerts, monitored medicine lists and clinical workflows, to strengthen medicines safety and reduce jurisdictional variation.
- Medicines information should be shared using standards-based data to allow relevant clinical context to be included alongside core medicines information.
- Evaluation mechanisms should be established to identify both the benefits and emerging risks and support continuous improvement.
- Government should work with Aboriginal and Torres Strait Islander organisations, multicultural health organisations and other priority population representatives to ensure implementation is culturally safe, equitable and does not increase barriers to care or digital exclusion.

# 4. Discussion

### 4.1 The coordinating role of GPs

A persons' usual general practitioner frequently acts as the central coordinator of patient care, including the responsibility of reconciling medicines information. Online prescribing services often operate as single purpose entities and are often not well integrated with a patient's usual GP or care team. This contributes to fragmented care.

As the number of online prescribing services increase and more people access these services, shared access to medicines information has become increasingly important and will help contribute to continuity and safety.

Share by default reforms must support the coordinating role of general practice. Reforms must ensure GPs can easily access, interpret and act on shared medicines information at the time of care.

Importantly, reforms must not seek to replace or diminish expectations on health professionals to directly communicate with each other. 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

### 4.2 Medicines safety

Improving the availability of medicines-related information across care settings has strong potential to significantly improve patient safety.

Incomplete or outdated medicines information is a well-recognised contributor to medication-related harm, including avoidable hospitalisations, emergency presentations, and adverse drug events. When clinicians do not have access to a complete medicines history, risks include inappropriate prescribing, duplication, and harmful drug interactions.

Requiring online prescribing services to share medicines information to My Health Record by default can strengthen patient safety by:

- supporting more informed diagnoses and prescribing decisions
- reducing adverse drug events and interactions
- improving medicines reconciliation and transitions of care.

These benefits are particularly important given the rapid growth of online prescribing services and the associated risks of fragmented care.

### 4.3 Privacy, patient choice and safety

Making medicines information available through My Health Record can support patients to better understand their medicines and share accurate information with providers, reducing the risk of unintentional omissions due to poor patient recall. The RACGP My Health Record position statement champions healthcare consumer ownership and control over their My Health Record including the ability to restrict or remove information.

However, the RACGP recognises some patients may choose online prescribing services because they perceive them to offer greater privacy or separation from their usual healthcare providers. While patient choice remains important, if patients restrict access to information in their My Health Record, this can create safety risks where treating clinicians do not have access to a complete medicines history.

Additional safeguards are required for high-risk medicines, including opioids, where information sharing contributes directly to medicines safety and aligns with existing real-time prescription monitoring arrangements.

To ensure the success of these reforms, the RACGP recommends the Government delivers a comprehensive and ongoing program of patient education and engagement on the safety implications of restricting information. Effective public awareness cannot be achieved through a one-off communication campaign; it requires regular, consistent engagement with patients to support understanding and informed decision-making.

A full national real-time prescription monitoring system should be implemented to further strengthen medicines safety by providing clinicians with a consistent, comprehensive view of monitored medicine use across Australia, reducing variation between jurisdictions and supporting earlier identification of high-risk prescribing, dispensing and medicine-use patterns.

National consistency in alerts, monitored medicines and clinical workflows would support safer prescribing decisions and improve patient outcomes.

### 4.4 Impact on general practice workload

The increased availability of information in My Health Record does not guarantee its effective use. Clinical value depends on how information is integrated into workflows and presented to clinicians. Information must be timely and accurate.

Sharing medicines information via the National Prescription Delivery Service (NPDS) and healthcare provider clinical information software (via interoperable systems) will enable the sharing of key information about medicines such as active ingredient, strength, dosage, repeats and prescribe and dispense dates.

However, the proposal to share additional information regarding clinical context and reasoning via an Event Summary in My Health Record raises concerns for the RACGP and is not a satisfactory solution.

The use of event summaries is not frequently part of routine GP clinical workflows. The lack of seamless integration with GP clinical information systems makes it difficult to easily locate specific, up-to-date information in My Health Record, leading to frustration and potential underutilisation of the system. Furthermore, event summaries can be very verbose and written freehand with no easily visible medications recorded.

Another key consideration is that there are no notifications to inform GPs when there is ‘significant' new information in a patient’s My Health Record.

To fully realise the reform’s benefits, implementation must prioritise clinical usability, integration with general practice workflows, and real-time interoperable data exchange. Medicines information should be seamlessly integrated into the practices medical record and presented within the clinician's existing workflow, without the need for manual data entry, transcription or reliance on separate systems.

Achieving this will require continued evolution of GP clinical information systems, My Health Record and other digital health infrastructure to ensure standards-based, interoperable data can be effectively displayed, interpreted and actioned by clinicians at the point of care.

These reforms must, therefore, be accompanied by the continued development of general practice clinical information systems and digital health infrastructure to ensure information is seamlessly integrated into the patient record and presented within GP workflows. There is limited value in creating standards-based, real-time interoperable data if the systems used by GPs are unable to display information in a way that supports safe, efficient clinical decision-making.

Government should monitor the implementation of these reforms, including impacts on clinical workflows, software development costs, practitioner burden, patient privacy and unintended safety consequences. Evaluation mechanisms should be established to identify both benefits and emerging risks and support continuous improvement.

### 4.5 Equity and priority population considerations

Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, people experiencing socioeconomic disadvantage, people with disability, older Australians, people with low digital literacy, and those living in rural and remote communities may experience additional barriers to accessing and engaging with digital health systems. Reforms should therefore be designed and implemented in ways that promote equitable access, cultural safety and inclusion.

Consistent with the National Agreement on Closing the Gap, the design and implementation of these reforms should involve meaningful engagement with Aboriginal and Torres Strait Islander communities, Aboriginal Community Controlled Health Organisations (ACCHOs) and relevant peak bodies. Attention should be given to ensuring reforms support culturally safe, coordinated and relationship-based care and do not create unintended barriers to accessing healthcare. Indigenous data governance and sovereignty principles should also be upheld.

While improved access to medicines information has the potential to enhance patient safety, trust remains fundamental to healthcare. Government should consider the impact of default information-sharing arrangements on communities that may have concerns regarding privacy, data sharing or previous negative experiences with government systems. Clear communication, culturally appropriate education resources and ongoing community engagement will be essential to support informed participation and maintain confidence in the system.

These reforms should ultimately strengthen continuity of care and support the trusted relationships between patients, their usual GP and wider healthcare team, recognising that relationship-based care remains a critical contributor to health outcomes.

## 5. Conclusion

Improving the availability of medicines information through My Health Record has the potential to significantly enhance patient safety and reduce medicines related harm. However, to fully realise these benefits, implementation must prioritise clinical usability, integration with general practice workflows and systems via real time interoperable data exchange and safe, patient-centred system design. Work-arounds such as Event Summaries are not supported.

General practice and Aboriginal Community Controlled Health Organisations (ACCHOs) must be considered key stakeholders and remain central to these reforms as the primary settings for coordinated, ongoing care. The RACGP welcomes continued engagement to ensure these changes strengthen Australia's primary healthcare system.

To discuss the matters raised in this submission in more detail please contact RACGP's Head of eHealth, Quality Care and Standards at stephan.groombridge@racgp.org.au.