RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Digital health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Digital health.

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Recommended citation

The Royal Australian College of General Practitioners. Curriculum and syllabus for Australian general practice (7th edition). Digital health. East Melbourne, Vic: RACGP, 2026.

The Royal Australian College of General Practitioners Ltd

100 Wellington Parade

East Melbourne, Victoria 3002

Tel 03 8699 0414

Fax 03 8699 0400

www.racgp.org.au

ABN 34 000 223 807

Published September 2026

© The Royal Australian College of General Practitioners 2026

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the RACGP as the owner.

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Contents

Digital health 4
- Context 4
  - References 4
- Learning outcomes 5
- Key areas of learning 6
- Opportunities for learning 8
  - Words of wisdom 8
  - Learning strategies 8
  - Case example 11
- Learning resources 11
- Assessment 12

Digital health

Context

GPs now use digital health as an integral part of contemporary Australian general practice, shaping how care is delivered, coordinated and evaluated across the health system. GPs routinely use digital tools to support clinical decision-making, communication, documentation, management including non-pharmacological, prescribing, referrals and follow-up, with increasing expectations that digital systems will enhance care quality, safety, efficiency and continuity.[1,2] As uniquely first-contact, comprehensive and continuous care providers, GPs must be able to use digital health systems confidently and critically to optimise outcomes for individuals, communities, and populations.

GPs use clinical information systems to underpin safe and effective clinical practice. Accurate, structured, and timely data entry facilitates continuity of care, supports clinical governance, and secondary uses of data such as quality improvement, population health planning, and research – with appropriate consent.[1,3] Interoperability between systems, including health records, electronic prescribing, referrals and diagnostic requesting, remains variable, requiring GPs to understand both the capabilities and limitations of digital infrastructure in different practice settings. Effective digital communication with patients and other health professionals, including through telehealth, is essential to maintaining therapeutic relationships and coordinated team-based care.[4]

Rapid advances in digital technologies, particularly AI, are introducing new opportunities and risks for general practice. AI-enabled tools may support documentation, decision support, and system efficiency, but also raise important clinical, ethical, legal, and professional considerations.[5–7] GPs must be able to explain the use of such tools to patients, critically appraise outputs, and apply clinical judgement to ensure safe, person-centred care within appropriate clinical, ethical, and governance frameworks.[5–7]

GPs understand that while digital health can improve access to care, there is also a risk of widening health inequities. Differences in digital literacy, connectivity, affordability, and accessibility may disadvantage some populations, including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, older people, and those in rural and remote communities.[1,2] GPs play a key role in identifying and mitigating these risks, advocating for inclusive system design, and adapting care to ensure digital solutions enhance rather than hinder equity.

References

1. Australian Institute of Health and Welfare. Digital health. Canberra, ACT: AIHW; 2024. Available at: https://www.aihw.gov.au/reports/australias-health/digital-health [Accessed 18 Dec 2025].
2. World Health Organization. Digital health. Geneva: WHO; 2023. Available at: https://www.who.int/health-topics/digital-health [Accessed 18 Dec 2025].
3. The Royal Australian College of General Practitioners. Clinical information systems. East Melbourne: RACGP; 2024. Available at: https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit/general-practice-tool-kit/module-6/clinical-information-systems [Accessed 18 Dec 2025].
4. Homewood D, Keane KG, Haridy J, et al. Updates in digital shared care: Launching into the 21st century. *Aust J Gen Pract*. 2024;53(11):872–878.
5. Bradfield O, Maher P. Is AI A-OK? Medicolegal considerations for general practitioners using AI scribes. *Aust J Gen Pract.* 2025;54:304–310.
6. Laranjo L, Tudor Car L, Payne R et al. Artificial intelligence in primary care: innovation at a crossroads. *Lancet Prim Care*. 2026;2(3):100078.
7. Australian Medical Council. Digital Health in Medicine Capability Framework. Canberra: AMC; 2021. Available at: https://www.amc.org.au/wp-content/uploads/2021/10/Digital-Health-in-Medicine-Capability-Framework-FINAL-18-Oct-2021.pdf [Accessed 18 Dec 2025].

Learning outcomes

The GP is able to:

- use clinical information systems to optimise patient care
- use digital systems to facilitate patient care
- record data in an accurate, complete, and consistent way that facilitates secondary uses with appropriate consent
- use data to identify areas of potential clinical or system improvement
- communicate effectively using digital means
- critically appraise emerging technologies including AI; evaluating evidence base, regulatory status, potential biases, and appropriateness for specific clinical contexts and patient populations
- identify and minimise the health inequality risks from digital options.

Key areas of learning

Clinical information systems

- Understand what is defined as a clinical information system (such as the digitalhealth.gov.au definition)
- Be able to effectively use systems to provide patient care
- Be able to accurately record and code data to facilitate usage outside the system
- Be able to use data held in systems to improve care

Data governance and security

- Understand legislative framework (such as privacy and health records legislation)
- Recognise common cyber security threats (phishing, ransomware) and protective strategies
- Describe protocols for data breach identification and response
- Understand requirements for patient consent for their health information and data
- Understand patient rights regarding health data access, correction, and deletion
- Understand secure data transmission principles for clinical communications
- Understand de-identification requirements for secondary data uses

Communication including telehealth

- To be able to use digital communication when appropriate and with patient consent
- To be able to use telehealth when appropriate and with patient consent and privacy
- To apply the requirements for patient identification

Understand regulatory requirements for including billing compliance, prescribing limitations, and cross-border practice restrictions

- Recognise clinical presentations inappropriate for telehealth and facilitate appropriate face-to-face assessment
- Maintain therapeutic alliance and patient safety in digital consultation contexts
- Be able to use technology efficiently and effectively to communicate with patients
- Be able to use technology efficiently and effectively to communicate with other members of the care team
- Be able to explain benefits and risks of technology, systems, and advancements (such as AI) to patients
- Where available be able to use shared technology solutions to lead and participate in care teams

Other digital systems

- Be able to access and effectively use relevant government digital health systems (including health information, Real Time Prescription Monitoring, etc)
- Be able to use technology such as e-prescribing, e-referrals, and e-requesting
- Be able to use electronic decision support systems with appropriate considerations of relevance to a specific setting
- Be able to use digital point of care resources in an appropriate, efficient and effective way
- Be able to assess and recommend, when appropriate, digital therapeutic options

Artificial intelligence

- Be able to define what AI is and understand the differences between predictive and generative AI
- Be able to understand the strengths, limitations, and risks of AI tools in healthcare
- Be able to understand legal, privacy, and consent considerations
- Understand the regulatory status of AI tools, evidence base, and validation requirements
- Identify potential algorithmic bias and training data limitations and the implications for specific patient populations
- Be able to explain AI use to patients
- Be able to critically analyse outputs to decide on whether to act on those outputs
- Be curious about the opportunities it may provide to improve the safety, quality, and efficiency of care

Patient held digital data or wearables

- Be able to interpret common wearable data types (eg activity tracking, heart rate monitoring, sleep tracking, glucose monitoring)
- Recognise accuracy limitations and appropriate clinical integration
- Discuss frameworks for patient-initiated data sharing
- Understand when wearable data should influence clinical decision-making and when it should not

Emerging and future technologies

- Use an approach to evaluating new digital health tools that considers their evidence base, regulatory status, privacy implications, equity impact, utility and integration requirements
- Understand remote patient monitoring systems and how it may integrate into practice workflows

Care improvement

- Identify potential barriers to care related to technology (such as patient access) and opportunities to reduce health inequity
- Be able to use data to improve personal practice, systems of care, and health of populations
- Understand that supporting Indigenous Data Sovereignty strengthens cultural safety, improves data accuracy, builds trust in digital systems, and enhances community-led health outcomes

Opportunities for learning

Words of wisdom

- When starting out with a new system or technology, take the time to understand its purpose, how to use it and what not to do. Invest the time to learn how to use new features and functions in electronic systems as they are updated and improved. This is often best done in group training with co-located colleagues, practice nurses, and office staff. Using technologies and systems properly from the start will make life easier in the end.

- Actively support equitable care by considering patients' access to technology when implementing systems that rely on mobile numbers or email, ensuring inclusive access for all.

- Be curious about how technology may assist your work. When evaluating a new digital health tool, always ask: What problem does this solve? For whom? What evidence supports its use? What are the privacy implications? Who benefits financially from its adoption? You will find every year of your career the technology you use to assist in the provision of care will change. However not every technological solution improves care. Maintain clinical reasoning primacy and recognise when technology creates barriers rather than facilitating care.

- Have explanations or easy-to-follow guides ready when you introduce a new technology to patients, before you start using it, and then refine your process based on their questions and feedback.

- Patients may already have ideas or conclusions about their presentation or concern from online or social media sources. Developing a way to explore these non-judgmentally with your patients will help you address their concerns or agenda. Having reputable online resources you can direct them to can help them when seeking information in the future.

Learning strategies

On your own

On your own

Search your medical records for patients you have seen in the last month with a common chronic condition (such as type 2 diabetes, hypertension, or hyperlipidaemia). Then look further into the data about an aspect of their care (such as medications or meeting targets). Then search by patients you have seen in the same period, who were prescribed a medication relevant to the same condition.

- *How easy was it to find the patients?*
- *What was the outcome when you searched with a different term?*
- *When you searched by the medication, if you found any different patients can you understand why that may have occurred from how the data was collected?*
- *What was the impact of how data is recorded in your practice? Does recording the indication for a medication affect your understanding? How does the recording of the diagnosis change things?*

Many patients will have looked online before seeing you about their symptoms or concern. Think of a presentation you have seen recently, or a presentation you have made yourself to another health professional. Deidentify the information and search online. What comes up?

- *Was the information useful?*
- *How did it compare to other reputable sources you would use in clinical practice?*
- *What are the potential risks?*
- *Think about what information a patient may already have accessed and how that may impact your consultation.*
- *Could the search have led to concerning information from an unvalidated online source? Consider how you would approach managing information that the patient has already obtained.*

Review your practice's privacy policy and data breach response protocol. Identify what constitutes a notifiable data breach under the Privacy Act.

- *What are the practice's obligations?*
- *What are your individual responsibilities?*
- *Have there been any near-misses or actual breaches, and what was learned?*

With a supervisor

Discuss with your supervisor their thoughts and experiences with AI scribes. Why do they use or not use one? How do they assess them? What do they consider? What patient responses have they had?

- *What are the issues you think need to be considered and understood when using an AI scribe?*

Discuss with your supervisor what their experience has been with patients who use wearable devices. How do they assess the information? How do they explain it to patients? Have they suggested to patients to use information from their device?

- *What have been your approaches with wearables?*
- *What approaches that your supervisor has used do you want to try?*

Identify an AI-enabled tool being marketed to general practice. Investigate:

- *What is its regulatory status (TGA approved or exempt)?*
- *What evidence supports its use?*
- *What populations were included in validation studies?*
- *What are the stated limitations?*
- *Discuss with supervisor whether this tool would be appropriate for your practice context and patient population.*

In a small group

Share digital resources you have found for helping you in your practice and for sharing with patients.

- *What areas or topics are you looking for resources on, do your colleagues have suggestions?*
- *Does anyone use online treatment options such as e-mental health treatments? What are their experiences?*

Discuss record systems for sharing data within multidisciplinary teams. What happens in your practice?

- *How do your colleagues and the practices manage it when a patient wants some information not to be shared?*

With a friend or family member

Ask them about their understanding of My Health Record. What do they think it includes? Have they opted out? Have they changed any of the privacy settings? Have they uploaded anything to it? What are their feelings about it? Discuss their answers and understanding.

- *Did anything surprise you in their responses?*
- *Is their knowledge correct? If you are not sure, how can you get more information?*

Ask friends and family about their online interactions with health providers and the health system, such as via websites, apps, or other means. What do they like? What do they find helpful? Have any of the systems been unhelpful or a barrier from their perspective?

- *What did you learn? Will this information change anything you do in your practice?*

Ask friends and family what medical information they have seen on social media or through an 'influencer'.

- *How did they feel about this information? Did they believe the narrative?*
- *What advice would you give to them, or a patient, if a clearly incorrect narrative was believed?*

Case example

Kai is 25 years old and presents with concerns about his mental health. He had asthma as a child, but no symptoms now for many years. He has been feeling worried and anxious about things and has been seeking advice from friends and online. His watch has noted his heart rate is in the red zone at times. When asked, he tells you that he finds it easier to talk to AI than people, which he attributes to having a job in retail that requires him to interact all day with people. He has also done some online assessments from different websites and they have provided him with a number of diagnoses.

In a case-based discussion, questions relating to each role could be:

Communicator

- How would you explore with Kai what information he has received?
- If you were using an AI scribe, how would you describe that to Kai?

Clinician

- How would you approach the concern about the heart rate being in the red zone?
- How would you assess the diagnoses that have been provided?
- What digital health tools could you use or recommend to Kai?

Health advocate and leader

- What practice engagement options and systems could be particularly useful to meet the needs of patients who are very digitally engaged?
- Kai is returning to visit family in Tonga for a month and arranges a video consultation with you when he is there. What are some of the issues that may arise? If you are unsure, where could you look for information on registration, billing, prescribing, and medicolegal considerations?

Professional

- What might be some of the ethical issues that arise from this presentation?
- When using an AI scribe, what are some of the professional and legal issues that need to be considered?
- How would you assess your digital capability? What are strengths? What are areas for improvement?
- How could you create an environment where patients and colleagues could provide feedback on digital literacy and systems?

Scientist, educator and researcher

- How would you assess the quality of the information he has received?
- What are some learning points that may come from this presentation if you had medical students in your session?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam