10 July 2026

Department of Health, Disability and Ageing
Online prescribing services:
Sharing medicines-related information to
My Health Record by Default

By email: MHR@health.gov.au

To Whom It May Concern

RE: ACRRM submission to Online Prescribing Services: Sharing medicines-related information to My Health Record by Default

The Australian College of Rural and Remote Medicine (ACRRM) is pleased to provide this submission to the Department of Health, Disability and Ageing inquiry on Online Prescribing Services: Sharing medicines-related information to My Health Record by Default.

ACRRM's vision is for *'Healthy rural, remote and First Nations communities through excellence, social accountability, and innovation'*. Key to this is access to doctors who are appropriately skilled and supported to provide services in rural and remote communities. ACRRM has more than 7,000 members including doctors living and working in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. ACRRM members deliver expert front-line and telehealth medical care in a diverse range of settings such as general practices, hospitals, Aboriginal Medical Services and other remote locations. ACRRM plays an important role in strong representation and advocacy for these dedicated professionals and the rural and remote communities they serve.

Comprehensive Medicines Information Must Apply Across All Care Settings

ACRRM supports the creation of a comprehensive medicines list for all patients. This reform should apply regardless of whether a patient receives care through in-person consultations, telehealth and virtual care services, hospitals, specialists, pharmacies, or other healthcare settings.

Rural Generalists (RG) deliver care to geographically dispersed, highly mobile, diverse population and routinely manage patients who receive care from multiple providers across different jurisdictions and care settings.

To support safe prescribing and continuity of care, medicines information must be captured and accessible for all prescriptions, regardless of whether they are issued by a telehealth provider, metropolitan specialist, hospital clinician, RG, nurse practitioner or other authorised prescriber.

Comprehensive access to medicines information provides significant clinical and operational benefits for Rural Generalists. It reduces the need for time-consuming effort of obtaining medication histories from multiple sources, thereby supporting more efficient and informed clinical decision-making.

Rural Generalists need confidence that all prescribed medicines are visible to other healthcare providers within clinical workflows, ensuring patient care is foremost. This promotes continuity of care, reduces unnecessary duplication, and supports safer, more coordinated treatment across the healthcare system.

Patient Safety Requires the Most Complete Medicines Record Possible

As Australia improves the capture and sharing of medicines information, it is important to recognise an emerging clinical safety paradox. An incomplete medicines record is not inherently problematic, as clinicians are generally aware of its limitations and make decisions accordingly. When an RG recognises that a record may not contain all relevant information, they will likely verify the information with the patient, consult other sources, and apply appropriate clinical judgement.

However, as medicines records become increasingly comprehensive, clinicians may naturally assume that the information presented is complete and accurate. As a system moves towards a more complete medicines record, the greater the potential consequences of any remaining gaps, as those gaps become less obvious and therefore less likely to be identified or questioned.

For this reason, ensuring that clinicians have access to the most complete medicines information is critical, and where information is missing, the system should clearly communicate known limitations rather than creating an expectation of completeness that may not exist in practice.

Patient-Controlled Visibility Creates Clinical Safety Risks

The ability for patients to hide medicines information in My Health Record poses inherent clinical safety risks.

ACRRM recognises and supports the importance of patient choice and privacy, although these principles should be carefully balanced against the overall needs for patient safety.

The Department of Health must consider how a patient's medicines information is recorded and shared, and the patient safety implications versus privacy and individual choice, especially those patients with low digital literacy, English as a second language, cognitive impairment, etc.

There is an inherent tension between patient control and the need for clinicians to have access to complete medicines information to minimise medication-related risks, identify potential interactions, avoid duplication of therapy, and support safe clinical decision-making.

Medicines Reconciliation and Duplication

ACRRM notes that attention must also be given to data reconciliation and the management of duplicate records. As national medicines information repositories expand, there is an increasing need to ensure that clinicians are presented with clear, reconciled and clinically meaningful information, rather than multiple potentially duplicative records that increase complexity and cognitive burden.

For example, a hospital may introduce a new medication during an admission, record it in the discharge summary, and generate associated prescribing and dispensing records. The patient's RG may subsequently prescribe the same medicine, a pharmacy may dispense it, and the medicine may later appear in a shared health summary or pharmacy medicines list. This can result in multiple records for a single medicine across different systems, potentially described in slightly different ways.

My Health Record Is Not a Universal Solution

My Health Record can play an important role in information sharing, it has limitations as a universal medication record.

Rural Generalists continue to encounter patients who do not have a My Health Record, who have opted out of the system, or who are unable to obtain an Individual Healthcare Identifier (IHI). As a result, My Health Record alone cannot provide a complete medicines information solution for all people residing in Australia. Government initiatives should recognise these limitations and ensure that medication information initiatives support all patients, including those who are unable to participate in My Health Record or choose not to.

National Interoperability Is Required

The existence of state-based real-time prescription monitoring (RTPM) systems provides important access to information about Schedule 8 prescribing and supports safer prescribing practices.

However, improvements are required to provide a genuinely national view of prescribing activity. Rural Generalist, particularly those practising near state borders, may need to access multiple RTPM systems to obtain a complete prescribing history. This creates unnecessary administrative burden and inefficiency.

Recognition of the impost placed on RGs through the need to access multiple systems is essential. To reduce the risk of prescribers missing critical information, governments should support interoperable, system-agnostic solutions that operate across jurisdictions and healthcare settings, including both virtual and in-person care environments.

Online Prescribers Should Be Subject to the Same Clinical Standards

To reduce the risk of patient harm, online prescribing services should be required to meet the same clinical standards and safeguards that apply to in-person general practice.

Before issuing a prescription, online prescribers should review multiple sources of medication information to ensure a comprehensive understanding of a patient's current and previous medicines. This should include prescribing and dispensing records, relevant clinical documentation, and any other available sources of medicines information to identify existing therapies, potential drug interactions, treatment duplication, and other prescribing risks to the patient.

The prescribing process should not rely solely on patient self-reporting. Consistent with good clinical practice, online prescribers should undertake reasonable steps to verify a patient's medication history before initiating or renewing treatment.

Applying equivalent standards across virtual and in-person care settings will support patient safety, promote continuity of care, and reduce the likelihood of medication-related harm.

Supporting Safe Virtual Care

Virtual care providers should also ensure that clinicians are appropriately trained and competent in delivering healthcare through digital channels.

Telehealth and online prescribing involve unique clinical, communication and risk-management considerations that require skills beyond those used in traditional in-person consultations. See ACRRM Digital Health Standards. https://www.acrrm.org.au/resources/digital-health/digital-health-standards-and-guidelines.

Providers should encourage or require clinicians to undertake recognised telehealth education programs, such as the ACRRM Telehealth Clinical Skills Program, to support safe, effective and high-quality virtual care.

Maintaining patient and clinician confidence in digital health systems requires ongoing communication about what My Health Record and other medicines information systems can and cannot provide. Clear information, feedback mechanisms, education and support are essential to avoid misunderstanding, address misinformation, and maintain trust in the health system and the ICT systems used.

By requiring comprehensive medicines review processes, improving interoperability, supporting clinician training, and ensuring medicines information is consistently captured across all care settings, the government can strengthen patient safety and promote more coordinated, high-quality care for all rural and remote communities.

It is noted that separate consultations will be undertaken before any further Share by Default requirements are established, including medicine information that may be required from other prescribers or dispensers, ACRRM would like to be contacted when these consultations commence.

If you have any queries relating to this feedback, please contact ACRRM by email policy@acrrm.org.au.

Yours sincerely,

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