Australian Government

Department of Health, Disability and Ageing

Australian Government

Australian Digital Health Agency

Online prescribing services: Sharing medicines-related information to My Health Record by Default

Consultation via Citizen Space

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Overview

My Health Record is Australia's national digital health record system. It is designed to support safer, more connected care by allowing people and their healthcare providers to securely access key health information at the point of care. As of March 2026, almost 25 million Australians have a My Health Record[1].

My Health Record contains key health information – like pathology and diagnostic imaging reports, prescription and dispensing information, immunisations, hospital discharge summaries and other key health information – all in one safe and secure system. My Health Record can support diagnosis and treatment, document treatment approaches and results, and promote continuity of care for consumers, including during an emergency.

In October 2024, the Government announced a shift toward "Sharing by Default"[2], signalling the intention to make the routine sharing of key health information to My Health Record the standard practice for healthcare providers. Sharing by Default is intended to expand progressively over time, with first requirements commencing with pathology and diagnostic imaging services from 1 July 2026.

Introducing requirements for online prescribing services to share medicines information to My Health Record

Australia has made strong progress in improving access to key health information for individuals and healthcare providers, and ensuring this information is accurate and available for use in clinical care. However, important medicines information may not be available where and when it is needed. Australia does not currently have a single, central system that captures prescription and dispensing medicines information.

On 28 January 2026, The Hon Mark Butler MP, Minister for Health, Disability and Ageing, publicly announced [3]:

> *"As a first step to strengthen safety in digital medicines and telehealth, the Australian Government will implement requirements to ensure all medicines-related information from online prescribers is made available to [people] and their healthcare providers through My Health Record."*

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[1] Australian Digital Health Agency (ADHA), *My Health Record statistics*, 2026, ADHA, digitalhealth.gov.au, accessed 4 June 2026.

[2] The Hon Mark Butler MP, Minister for Health and Aged Care, *Minister for Health and Aged Care, speech - 17 October 2024* [speech], Australian Government Department of Health and Aged Care, 17 October 2024.

[3] The Hon Mark Butler MP, Minister for Health and Ageing, *First step towards a national medicines record* [media release], Australian Government Department of Health, Disability and Ageing, 28 January 2026.

When medicines information is not available to healthcare providers safety risks can occur, particularly when people seek care from multiple healthcare providers working in different parts of the health system or for different organisations.

Each year, an estimated 250,000 people in the Australian community are hospitalised and a further 400,000 present to emergency departments due to medication-related harm. This includes medication errors, inappropriate medication use, misadventure, and drug interactions, with at least half of this harm considered preventable[4]. Medication-related harm is estimated to cost the Australian health system around $1.4 billion annually[2]. More recent national safety reports continue to identify medication-related harm as a significant and ongoing patient safety issue, reinforcing the importance of system level interventions to reduce avoidable harm[5].

The Australian Government indicated that new Share by Default Rules requiring online prescribing services to share medicines-related information to My Health Record will be in place by the end of 2026[1]. This announcement responded to the recognised safety risks that can arise when consumers and healthcare providers cannot access complete and up-to-date medicines information.

While medication-related safety risks can occur across all care settings, online prescribing models which are often not well connected to a patient's regular healthcare provider or broader care team can heighten these risks. In some online prescribing models, features such as fragmented care, limited or episodic provider-patient relationships, and consultations that are not conducted in real time can mean important medicines information is not consistently shared or visible across healthcare providers.

Introducing new Share by Default requirements for online prescribing services will help address that gap by improving the availability of key medicines information across care settings, supporting continuity of care and enabling healthcare providers to make more informed and safer clinical decisions.

These requirements will complement existing state and territory regulatory frameworks for the prescription, possession and supply of medicines, as well as broader sector-led initiatives to improve medicines safety in online care, including voluntary Virtual Care Provider Standards

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[4] Pharmaceutical Society of Australia (PSA), *Medicine safety: take care*, psa.org.au, 2019, accessed 4 June 2026.

[5] Australian Commission on Safety and Quality in Health Care (ACSQHC), *Status report Medication without harm – WHO Global Patient Safety Challenge: Australia's response*, ACSQHC, Australian Government, 2024.

and Accreditation, professional prescribing guidance, patient advocacy efforts, and other industry initiatives to strengthen information sharing.

The initial focus is limited to online prescribing services that operate solely or predominantly through telehealth or digital platforms. Services that combine face-to-face and online care are out of scope for this consultation and may be considered in the future. This is intended to address current information gaps while longer-term reforms to medicines information sharing are being developed, including initiatives such as the National Medicines Record.

As part of the Government's 2026–27 Budget investment in digital health, $598.3 million has been committed over two years to support the continued operation and enhancement of My Health Record. This includes funding to expand the Share by Default legislative framework to include all medicines information and require primary care providers to share GP Chronic Condition Management Plans to My Health Record. It also includes funding to connect the National Prescription Delivery Service to My Health Record, progressing the next stages of the National Medicines Record. These measures are outside the scope of this consultation and will be considered through separate consultation processes.

Proposed scope and definitions

We are consulting on the introduction of requirements for **online prescribing services to share prescribed and dispensed medicines-related information to My Health Record by default**. Medicines information shared to My Health Record would then be available to people and their healthcare providers, subject to existing privacy protections and individual controls.

The following definitions are intended to clarify what is proposed to be in scope of the new requirements to share medicines-related information to My Health Record and will be refined through consultation.

Online prescribing services	• Healthcare providers who prescribe and dispense medicines solely through telehealth or digital platforms, including through 'direct-to-consumer' models of care. This means the prescriber does not have an established relationship with the patient that includes face-to-face consultations. • Online consultations with patients may be in real time, for example by phone or video. • Consultations could also include instances where patients submit information without speaking to a healthcare provider and receive a response later. This is known as asynchronous care. • This suggested definition is intended to encompass all online prescribing services operating in Australia, regardless of whether consultations are billed through the Medicare Benefits Schedule (MBS). • **Services that combine face-to-face and online care are out of scope**

	for this consultation and may be considered in the future.
Direct-to-consumer models of care	• This refers to consumer-initiated, commercially marketed services that provide predominantly virtual consultations (e.g., phone, video, or messaging). • The main fee structure for these services does not involve public funding or rebates and is often paid directly by the patient. • These models typically do not rely on an ongoing therapeutic relationship in the way traditional general practice does, and frequently emphasise speed, convenience and streamlined access.
Medicines-related information (prescribing and dispensing information)	• Prescribing information includes the name of the medicine prescribed, strength, dosage instructions, repeats, date prescribed, and other relevant prescribing details that provide relevant clinical context. • Dispensing information includes the medicine supplied, strength, dosage instructions, repeats dispensed/remaining, date dispensed, and other relevant dispensing details that provide relevant clinical context. • This information will be shared for medicines that can only be obtained with a prescription (Schedule 4-8). Medicines of particular interest include (but are not limited to) antibiotics, contraceptives and high-risk medicines such as opiate analgesics, psychostimulants and medicinal cannabis. • While sharing to My Health Record is encouraged, there will not be a mandatory requirement to share information about over-the-counter medications and supplements, including pharmacist only medications e.g. high-dose pain relief (Schedule 3).
Existing digital health systems and tools	• Existing digital health systems and tools will be used to support healthcare providers share medicines information to My Health Record, while protecting patient privacy, security of data, and patient choice. • For example, when an electronic prescription is used (with either a digital token or a paper script provided to the patient) the medicine information is sent to the National Prescription Delivery Service and can be shared directly to My Health Record. • Healthcare providers using My Health Record can also use an 'Event summary' document to share supporting medical information which was considered when they prescribe a medicine.

What is the timeframe for these changes?

The Government has indicated an intention for the requirements for online prescribing services to share medicines-related information to My Health Record to be in place by the end of 2026. The requirements would then come into effect in 2027, subject to outcomes from consultation and relevant implementation considerations. This will give time for stakeholders affected by these changes to prepare for any new requirements before they come into effect.

Note: This timeline is indicative and subject to consultation outcomes, Government decision-making and implementation considerations.

* Further detail on timing, including any transition or commencement arrangements, will be informed by this consultation and subsequent policy development.

National Clinical Governance Committee for Digital Health

Following this consultation, new Share by Default requirements for online prescribing services will be developed with ongoing input from health sector and consumer representatives. This will include advice from the National Clinical Governance Committee for Digital Health (NCGC-DH) and the expert advisory groups that support the NCGC-DH. The NCGC-DH was established by the Australian Digital Health Agency to provide national clinical governance, with a focus on system safety and quality, lived experience perspectives and expert clinical advice to support the safe and quality use of digital health systems, including My Health Record. This guidance will help ensure any new requirements are clinically appropriate and support safe, high-quality care.

Key terms used

This paper uses the term ‘**patient**’ when referring to individuals receiving clinical care. The term ‘**people**’ is used more broadly when referring to service use and experience. These terms are used interchangeably and refer to the same individuals in different contexts.

This paper also refers to ‘**Sharing by Default’**, ‘**Rules**’ and ‘**the framework**’ when discussing how medicines information may be required to be shared to My Health Record. The legislative ‘framework’ creates the legal authority for requiring certain health information to be shared to

My Health Record. The Rules would set out the practical details, such as which health information must be shared, by whom, and in what circumstances.

This consultation will inform whether changes can be made within existing legislative settings or whether further legislative changes may be required. It does not pre-empt Government decisions or final legislative design.

About this consultation paper

This paper outlines:

- how incomplete medicines information can create safety risks, especially in online prescribing;
- the approach to sharing medicines information to My Health Record by default and what information we are seeking to inform the development of Rules;
- a high-level timeline for implementation of these reforms;
- key considerations and potential impacts for stakeholders;
- existing privacy, safety and clinical governance safeguards; and
- practical implementation issues to be considered to make the changes effective.

This paper includes **case studies** to illustrate key issues, and where relevant, related consultation questions that are asked in the accompanying consultation survey. These case studies are hypothetical examples used to illustrate the types of situations and issues this consultation is exploring. They are not based on real individuals or services and are not intended to represent all online prescribing and dispensing models or experiences.

A separate **Background Paper** is available for those who would like more detailed information on the policy, legislative and digital system context for medicines information sharing in Australia.

The long-term vision for My Health Record and ‘Sharing by Default’

The Digital Health Blueprint 2023–2033 outlines the Australian Government’s ten-year vision for the role digital health capabilities will continue to play in delivering a more person-centred, connected, and sustainable health system for Australians[6].

Consistent with this direction, the Government is working towards a health system where key health information is seamlessly and securely shared by default to My Health Record as standard practice, rather than an exception. This supports a behavioural shift across the Australian health system by embedding the expectation that important health information, including medicines information, will be accessible and routinely available to support clinical decision-making. This is to give people confidence that their health information will be available so they can use it when and where it is needed.

The Sharing by Default legislative framework has been intentionally designed to increase the availability and consistency of more key health information in My Health Record over time. As this occurs the benefits will continue to be realised for:

- **People receiving healthcare** – by empowering patients to use their health information to be more proactive about their health, and by ensuring they receive safer, more connected, and continuous care.
- **Healthcare providers** – through reduced administrative burden to find relevant clinical information, and greater confidence that they have the information needed to make clinical decisions.
- **The health system** – through improved efficiency, reduced duplication and better health outcomes from reduced fragmentation of care.

Achieving this vision will require broader reforms over time. However, expanding Sharing by Default to medicines information from online prescribing services represents an important enabling step towards this longer-term goal.

[6] Department of Health and Aged Care (DHAC), *The Digital Health Blueprint and Action Plan 2023–2033*, 2023, Australian Government, accessed 4 June 2026.

1. The Case for Change: Safety and quality risks arising from incomplete medicines information in online prescribing settings

Medicines are widely used across the Australian community and are central to safe and effective healthcare. Incomplete or unavailable medicines information is a well-recognised contributor to preventable harm across the health system, particularly when people receive care from multiple providers.

Further detail on medicines in Australia and the system-wide impacts of incomplete medicines information is provided in the accompanying **Background Paper**.

1.1 Online prescribing services in Australia

Online prescribing services are now an established and increasingly visible component of healthcare in Australia. Online prescribing services operate across virtual settings using telephones, video consultations, emails and text-based communication to deliver clinical consultations with patients and prescribe medicines. Consultations may be delivered in real-time (synchronous), with the clinician and patient interacting directly. They can also be delivered through asynchronous models in which patients submit clinical information, such as through an online questionnaire, for later review by a clinician who subsequently provides treatment and advice and, where appropriate, issues a prescription[7].

A core benefit of telehealth and online prescribing services is their potential to improve access to care, particularly for people in regional and remote areas or those who experience barriers attending face-to-face appointments. The MBS Review Advisory Committee's Telehealth Post Implementation Review notes that telehealth services are used across a wide range of care settings and business models, reinforcing the importance of ensuring that safety and quality safeguards keep pace with changes in how care is delivered[8].

The Medical Board of Australia has made clear in its guidance that the standard of care provided through telehealth must, as far as possible, meet the same standard as in-person

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[7] Foo D et al., 'The rise of direct-to-consumer telemedicine services in Australia: implications for primary care and future research', *Medical Journal of Australia*, 2023, vol. 219, no. 8, pp. 344–347, doi: 10.5694/mja2.52097.

[8] Medicare Benefits Schedule Review Advisory Committee, *Telehealth Post Implementation Review – Final Report*, Department of Health and Aged Care, Australian Government, 2024, accessed 4 June 2026.

care[9].In the context of online prescribing services, the Board has also stated prescribing based solely on questionnaire-only models, without a real-time consultation, is "…not good medical practice"[9]. This highlights the potential risks associated when there is limited or fragmented clinical and medicines information in prescribing settings.

Case study 1: Weight loss medication prescribed through an online health service

What happened	Sophie's friend told her about an online service that can help her lose weight. She has limited mobility and finds it difficult to attend medical appointments in-person. She is also embarrassed talking to her GP about her weight when she attends appointments. An online service sounds ideal. Sophie makes a telehealth appointment and is prescribed a weight loss drug called Wegovy. The online provider sends it directly to her home. The drug helps reduce her cravings for food and she is losing weight. Sophie appreciates the convenience of the telehealth consultation process. Her prescriptions are renewed periodically through brief online telehealth consultations. The online service does not share information with Sophie's GP about the medicines they have prescribed and sent. Sophie is having dental issues, and her dentist recommends removal of her wisdom teeth. She has a severe dental phobia and agrees to have the procedure under general anaesthesia. She doesn't think it is important to mention her weight loss drugs to her dental surgeon or the anaesthesiologist. She knows it is important to have an empty stomach for surgery and fasts for the recommended time. However, she doesn't realise the weight loss drug makes her stomach take longer than usual to empty, placing her at risk of inhaling stomach contents into her lungs during surgery and developing pneumonia.
Why this matters	This story highlights that people value access to health services that are accessible and convenient. However, they may not think about, or know, the importance of sharing information about the medicines they have been prescribed by online service providers with their GP and other healthcare providers. When medicines information is not routinely shared, clinicians may need to rely on patient recall or incomplete information, increasing the risk of harm to the patient.
Your views	We are interested in views on how these considerations affect individuals, healthcare providers and the broader health system, and what this means for the safe and effective sharing of medicines information to My Health Record in online prescribing settings. **Consultation questions:** • What matters most to you when using online prescribing services, or what do you think matters most to people who use them? • What medicines information should be required to be shared to My Health Record to support safer and more coordinated care?

[9] Medical Board of Australia, *Revised telehealth guidelines raise standards, protect patients*, Ahpra, 31 May 2023, accessed 4 June 2026.

1.2 Medicines safety risks in online prescribing settings

The need for more consistent medicines-related information sharing is especially clear where health care is being delivered in the context of online prescribing services, including models where providers may not interact directly with patients. Safety risks may increase where online prescribers do not have timely access to, or do not adequately review a patient's medical and medicines history prior to prescribing. This includes where information about medicines prescribed and dispensed is not effectively shared with other healthcare providers involved in the patient's ongoing care. These risks are heightened in fragmented models of care, reinforcing the importance of strong information-sharing arrangements to support safe prescribing practices[5].

Australian research has highlighted concerns about the safety of some digital platforms or applications (apps) used to request and issue prescriptions. These apps and online platforms allow people to request certain medicines directly through a digital form, meaning they may receive a prescription without attending a clinic in-person, or speak with a healthcare provider in real time. This shift in how prescriptions are obtained highlights the importance of closely monitoring the safety and quality of these emerging services. A 2023 study evaluating medication prescribing apps available in Australia found that none of the seven apps assessed met all 12 core competencies for safe prescribing, and that adherence to safe prescribing expectations was inconsistent[10].

There has also been rapid growth in online and telehealth prescribing services in Australia specialising in weight loss medicines, particularly glucagon-like peptide-1 (GLP-1) receptor agonists such as Ozempic and Wegovy. Total sales of GLP-1 receptor agonists have increased almost ten-fold since 2020, reaching approximately half a million units sold each month in 2024–25[11]. When prescribed, these medications can slow down digestion[12]. If a person undergoes surgery under anaesthesia while there is still food in their stomach, it can increase risk of serious and potentially life-threatening complications[13]. In these circumstances

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[10] Amin R et al., 'Evaluation of medication prescribing applications available in Australia', *Pharmacy*, 2023, vol. 11, no. 2, article 49, doi:10.3390/pharmacy11020049.

[11] MO Falster et al., 'The GLP-1 RA boom: trends in publicly subsidised and private access in Australia, 2020–2025', *medRxiv* (preprint), 2025, doi:10.1101/2025.10.30.25339120.

[12] GP Joshi et al., *American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists* [media release], asahq.org, 2024, accessed 4 June 2026.

[13] AD Oprea et al., 'Perioperative management of patients taking glucagon-like peptide 1 receptor agonists: Society for Perioperative Assessment and Quality Improvement (SPAQI) multidisciplinary consensus statement', *British Journal of Anaesthesia*, 2025, vol. 135, no. 1, pp. 48–78, doi:10.1016/j.bja.2025.04.001.

healthcare providers may have no practical way of identifying that a person is taking these medicines unless it is made available through a shared health record.

Prescription medicinal cannabis is another example where incomplete medicines information from online prescribing practices can result in increased risk and safety issues. Use of medicinal cannabis products has grown rapidly in Australia, from around 18,000 patients in 2019 to more than one million people accessing medicinal cannabis products by January 2024[14]. By mid-2024, it has been estimated that more than 80,000 prescriptions for medicinal cannabis were being issued per month in Australia[15].

Much of this prescribing occurs through telehealth and/or dedicated online cannabis clinics, separate from a person's usual healthcare provider, and frequently designed to provide these prescriptions directly to consumers[16]. When use of medicinal cannabis is not visible to other treating healthcare providers it can create potential safety risks. For example, if additional sedating medicines (such as benzodiazepines, opioids, antipsychotics or certain antidepressants) are prescribed, additive central nervous system (CNS) depressant effects can occur[17], increasing the risk of falls, injury, impaired cognition, respiratory depression or overdose – particularly in older people or those with other health conditions[18]. This example highlights the importance of comprehensive, shared medicines information to support safer prescribing across care settings.

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[14] Medical Board of Australia, https://www.ahpra.gov.au/News/2024-02-20-medical-cannabis-treatment.aspx, Ahpra, 20 February 2024, accessed 4 June 2026.

[15] RJ Scott, IA Scott. 'Medicinal cannabis: is current use clinically justified?', *Intern Med J*, 2025, Sep;55(9):1433-1444. doi:10.1111/imj.70094.

[16] Penington Institute, Cannabis in Australia 2024, 2024, accessed 4 June 2026.

[17] Therapeutic Goods Administration (TGA), Opioids: boxed warning and class statements, Department of Health, Australian Government, 2019, accessed 4 June 2026.

[18] SL Gray et al., 'Association between medications acting on the central nervous system and fall-related injuries in community-dwelling older adults: A new user cohort study.', *The journals of gerontology. Series A, Biological sciences and medical sciences*, 2019, *75*(5), 1003–1009, doi:10.1093/gerona/glz270

Case study 2: Higher-risk medicines and interaction risk across in-person and online prescribing

What happened	Parvati is prescribed a strong pain medication (a Schedule 8 opioid) by her regular doctor during an in-person visit at her local clinic. The medication helps manage her pain, but Parvati begins experiencing difficulties in her sleep. Seeking further support, Parvati books an appointment with a new online direct-to-consumer telehealth service offering immediate availability. Before the consultation, she completes a brief online questionnaire. Because Parvati has only recently started the opioid medicine, she forgets to include it in her responses. Parvati also does not raise it during the consultation, assuming this information would be available to the telehealth doctor. During the telehealth appointment, the clinician prescribes a sleeping tablet (a benzodiazepine). The clinician is not connected to Parvati's usual care team, and her prescription information is not visible in My Health Record. As a result, the clinician is not aware that Parvati is currently prescribed an opioid medicine.
Why this matters	This story highlights how higher-risk medicines prescribed across both in-person and direct to consumer telehealth settings are not always visible to all treating providers. When medicines information is incomplete, there is an increased risk of adverse outcomes, particularly where medicines with known interaction risks are involved. When medicines information is not routinely shared, clinicians may need to rely on patient recall or incomplete information, increasing the risk of unsafe interactions or inappropriate prescribing. For higher-risk medicines, such as Schedule 8 opioids, these gaps can be particularly significant, as safe prescribing depends on clinicians having a complete and up-to-date view of a person's current medicines history.
Your views	We are interested in views on how these considerations affect individuals, healthcare providers and the broader health system, and what this means for the safe and effective sharing of medicines information to My Health Record in online prescribing settings. **Consultation questions:** • Should different requirements such as stronger safeguards apply for higher-risk medicines (for example opioid pain or stimulant medication)? • Are there medicines that should be exempt or treated differently due to their potential sensitivity or risk?

2. Requiring online prescribing services to share medicines information to My Health Record by default

This section explains the approach to introduce requirements for online prescribing services to begin sharing medicines information to My Health Record by default.

2.1 What does sharing medicines information by default to My Health Record mean?

Sharing medicines information by default means that prescribed and dispensed medicines-related information generated through online prescribing services will be required to be shared to My Health Record. This includes information about medicines prescribed or supplied, including the clinical context, along with supporting medicines-related information needed for safe prescribing and dispensing. This will mean people with a My Health Record and their healthcare providers can expect more reliable access to the best possible medication history as part of routine care, rather than by exception. This approach builds on existing digital health systems and laws and seeks to improve the completeness of medicines-related information.

Consultation feedback will inform whether, and in what circumstances, prescribing and dispensing-related information generated through online or direct-to-consumer models should be shared. Using My Health Record means focusing on what can be implemented now to support increased medicines safety using existing digital systems, while longer-term reforms to medicines information sharing continue to be developed. This approach is supported by ongoing Government investment to enhance My Health Record and enable expansion of Sharing by Default requirements over time.

What is 'Sharing by Default'?

The Health Legislation Amendment (*Modernising My Health Record – (Sharing by Default) Act 2025* established a legislative framework that enables key health information to be shared to My Health Record by default, subject to defined exceptions, including if a healthcare provider has concerns about the individual's health, safety or wellbeing, or a person requests that the information is not uploaded to their My Health Record. More information about these exceptions can be found in the accompanying Background Paper.

This framework provides the basis for extending Sharing by Default Rules to other key health information, such as medicines-related information generated through online prescribing services and, over time, across the broader health system.

This consultation will inform Government consideration of whether any amendments or new Rules are needed to support the expansion of the Sharing by Default Rules to medicines information sharing by online prescribing services, including whether exceptions are needed.

Consultation will also inform Government consideration of appropriate compliance settings for the Rules. Detailed consideration of how these arrangements would operate in practice will occur as the Rules are developed. This may include consideration of appropriate commencement, transition and compliance arrangements to support practical implementation.

My Health Record privacy settings and controls remain unchanged

The requirement for online prescribing services to share to My Health Record will not change existing My Health Record privacy settings or consumer controls. Individuals would continue to be able to manage access to their record and information in it, receive notifications when their record is accessed by a third party, or cancel their record if they choose. It is intended to address gaps in medicines information that have emerged with the rapid growth in online prescribing services, particularly for medicines with higher potential for harm or interaction.

This consultation will explore whether additional safeguards, rather than changes to privacy controls, may be appropriate for different categories of medicines when that medicine is shared to My Health Record by default.

2.2 How medicines-related information may be shared

Today, prescriptions can be made and shared with patients in different ways. Tools like ePrescribing can be used by clinicians to provide patients with a digital token (usually a QR code) on their phone, or a printed script with a barcode, which they can take to a pharmacy for dispensing. These prescriptions are sent to the National Prescription Delivery Service (NPDS). The NPDS already supports the movement of eligible electronic prescriptions between prescribers and dispensers and is widely used across the prescribing and dispensing ecosystem.

In some cases, medicines information can be shared directly from the healthcare provider's clinical information software, or it can be shared via NPDS. Once prescription information is shared to My Health Record, consumers and their healthcare providers can see details including:

- medication brand name and strength prescribed
- active ingredient (the name of the medicine itself, rather than the brand name)
- dosage instructions
- maximum number of prescription repeats

- the date the medication was prescribed and the prescription expiry date.

Information may also be shared when a person has their medicine dispensed by a pharmacist. The dispense information may include:

- medication brand name and strength dispensed
- active ingredient (the name of the medicine itself, rather than the brand name)
- dosage instructions
- the number of repeats already dispensed and the number of remaining repeats
- the date the medication was last dispensed.

Prescription and dispense records in NPDS and My Health Record do not currently share information about why a medicine was prescribed, or what supporting information influenced the decision to prescribe or dispense the medicine. This type of information can be shared to My Health Record using other documents such as an Event Summary.

Event summaries are intended for healthcare providers who are not the patient's regular provider. They can be created and uploaded by any healthcare provider using My Health Record conformant software provided they have a Healthcare Provider Identifier–Individual (HPI-I), are working at a participating healthcare organisation, and are involved in that patient's care. An event summary can include a range of information, such as:

- adverse reactions;
- medications;
- vaccinations;
- diagnosis;
- interventions;
- diagnostic investigations;
- observations;
- the patient's personal details;
- the healthcare provider's details; and
- the event details.

Prescriptions can also be handwritten and given to patients. While the healthcare provider may record these details in their own records, they may not be recorded in a way that flows through to NPDS or My Health Record.

Case study 3: Which direct-to-consumer online health service should be in scope?

What happened	Lee is prescribed a prescription-strength topical treatment cream through an online telehealth service. He considers this a minor, routine issue and does not mention it to his regular GP. Months later, Lee is prescribed an immunosuppressant by his GP for a different condition. His GP is not aware of the topical treatment that Lee is using. While the clinical risk in this case is low, the GP lacks knowledge of all active prescriptions, including those obtained through online services, which would support a more complete clinical assessment.
Why this matters	This example highlights how medicines prescribed through online and direct-to-consumer services may not always be visible to other healthcare providers, even when they are correctly prescribed and perceived as routine. It demonstrates how medicines prescribed through online services can sit outside a person's visible medicines history. This raises questions about which online prescribing services should be in scope of sharing requirements, to ensure My Health Record reflects a more complete picture of a person's current medicines use at the point of care. Where medicines prescribed through online services are not available in My Health Record, healthcare providers may not have a complete view of a person's current medicines at the point of care. This can limit the extent to which a person's current medicines use is visible across different care settings and can increase the likelihood of missed interactions, duplication or other unintended issues over time. If all online prescribing services share medicines-related information to My Health Record by default, Lee's GP could have seen the prescription for topical medicine when reviewing his medicines history, supporting a more complete clinical assessment and safer prescribing decisions.
Your views	We are interested in views on how examples like this reflect the use of online prescribing services and how the scope of this reform should be defined: **Consultation questions:** • Are the requirements for online prescribing services to share medicines-related information to My Health Record clear, including who it applies to, what information would be shared and how it should be shared? • Are there any online prescribing services that should be excluded from the new requirements to share to My Health Record (see definitions on pages 5 and 6), and if so, why?

3. Stakeholder considerations

This section explores the potential benefits, impacts and practical considerations of the requirements from a range of stakeholder perspectives. It is intended to support informed feedback on how the arrangements could be designed and implemented.

3.1 People and patients

The Department is seeking views from a broad range of stakeholders, including consumers, healthcare providers, peak bodies, Aboriginal and Torres Strait Islander health organisations, digital health organisations, medicines safety experts and organisations representing people who may experience barriers to care.

People using online prescribing services

Introducing requirements for online prescribing services to share medicines-related information to My Health Record by default may affect how people experience continuity of care when accessing services from multiple healthcare providers. Where medicines prescribed through online services are visible to other treating providers, reliance on individuals to recall and disclose medicines information at the point of care may be reduced. Conversely, where medicines-related information is not shared, care may depend on people remembering and accurately describing their medicines. If medicines are not disclosed, or details are incomplete or incorrect, this may affect the safety and quality of clinical decision-making.

The Department is interested in views on how changes to medicines information sharing from online prescribing services to My Health Record may affect people who use these services.

People with multiple and complex or long-term health conditions

People managing multiple health conditions or taking several medicines may be more likely to be impacted by how medicines information is shared across care settings. More complete medicines-related information at the point of care may support medicines review and decision-making across providers. Where medicines information remains fragmented or incomplete, there may be an increased risk of duplication, interactions or confusion, particularly when care is delivered by providers working in different parts of the health system.

The Department is interested in views on how sharing of medicines-related information from online prescribing services to My Health Record may influence medicines safety, coordination and decision-making for people with multiple or complex medicines needs.

People prescribed medicines for conditions that are sensitive or stigmatised

Some people may have concerns about how medicines-related information is shared and who can access it, particularly where medicines relate to sensitive or stigmatised health conditions. In some cases, medicines information alone may reveal details about a person's health needs. These considerations highlight the importance of safeguards, clear information about how shared information is used, and existing My Health Record privacy controls and individual settings.

The Department is interested in how privacy, individual choice and safety should be balanced in the design of any new requirements.

People with limited digital access or literacy

People with limited digital access or digital literacy may find it challenging to understand or navigate digital health systems, including managing My Health Record privacy settings. Introducing new requirements may increase the importance of clear, accessible information and support to enable people to understand how their medicines information is shared and how they can exercise meaningful choice and control.

The Department is interested in views on how medicines-related information from online prescribing services can be shared in ways that are accessible and understandable for people with limited digital access or digital literacy.

People in rural and remote areas or who have difficulty accessing face-to-face care

Online prescribing services can improve access to care for people who face geographic, mobility or other barriers to attending face-to-face services. More consistent sharing of medicines-related information may affect how care is coordinated across online and local healthcare providers, particularly where ongoing care and support are provided locally.

The Department is interested in views on how changes to medicines information sharing may affect care experiences for people living in rural and remote areas or relying on telehealth and online services.

3.2 Healthcare providers

Online prescribing services

To share medicines information to My Health Record, online prescribing services will need to be registered and able to connect to My Health Record and, where relevant, electronic prescribing infrastructure to share information. This includes having organisational (HPI-O) and individual healthcare identifiers (HPI-I) in place and using software that meets existing

digital health conformance requirements. Many common clinical software providers offer products that are conformant with the required standards. The Australian Digital Health Agency website provides more information on the Healthcare Identifiers Service (HI Service) requirements and options for connecting to My Health Record.

The Department is interested in how requiring online prescribing services to author and upload medicines information to My Health Record may affect their current model of clinical care, including impacts on workflow, costs and accessibility for providers and patients.

Other treating healthcare providers (including GPs, specialists, hospitals and allied health professionals)

Introducing requirements for online prescribing services to share medicines-related information to My Health Record by default could impact how other healthcare providers, including hospitals, access and use medicines information. Improved availability of medicines-related information may support safer prescribing, dispensing and medicines management across care settings, particularly where people receive care from multiple providers or organisations. It may also reduce the time and effort required to identify a person's current medicines use in some circumstances.

For hospitals, access to more complete and up-to-date medicines information may influence medicines reconciliation, clinical decision-making and transitions of care. Consideration will be needed as to how medicines information from online prescribing services is presented and integrated into existing clinical workflows. As with earlier Sharing by Default initiatives for pathology and diagnostic imaging, the way information is displayed, prioritised and used in practice may affect its usefulness for healthcare providers.

The Department is interested in views on the practical impacts of medicines-related information from online prescribing services being shared to My Health Record for other healthcare providers. This includes implications for clinical decision-making, care coordination, workflows, and any benefits, challenges or unintended consequences.

Pharmacists and medicines supply settings

Pharmacists play an important role in medicine safety, particularly for patients receiving care and being prescribed medicines through different care settings, including online prescribing services. Access to complete and timely medicines-related information can support pharmacists to confirm and contextualise medicines supplied, while gaps in this information may increase reliance on patient recall and limit visibility across episodes of care.

The Department is seeking views on how medicines-related information from online prescribing services being shared to My Health Record may affect pharmacists and medicines supply settings, including any benefits, challenges or unintended consequences.

Case study 4: Prescriber responsibility when medicines information is not visible

What happened	Dr Tamara works for an online telehealth clinic. She conducts a consultation with a new patient who requests medication to help with trouble sleeping. During the consultation, the patient does not disclose that they are already receiving a similar type of medicine prescribed by another online service. Neither prescription appears in the patient's My Health Record at the time of prescribing. Dr Tamara prescribes in good faith, based on the information available to her and the patient's responses to her questions. After several weeks, the patient presents to an emergency department, where the overlap between prescriptions from different services is identified. Dr Tamara is troubled by the outcome. She had met her professional obligations, but the information she needed to prescribe safely was not accessible to her at the time of care.
Why this matters	Dr Tamara's experience raises questions about what online prescribing services can reasonably be expected to know and what systems need to be in place to support safe prescribing. In direct-to-consumer online telehealth models, prescribers often care for patients they have not seen before and may not see again, limiting access to a complete picture of a patient's medicines use. When medicines information is fragmented or not visible at the point of care, even careful and well-intentioned clinicians may be unable to identify potential risks.
Your views	We are interested in views on how experiences like this reflect the use of online prescribing services and what matters most to people who rely on them, including: **Consultation questions:** • How should people's privacy and individual choice be balanced with safe and coordinated care when medicines prescribed by online prescribing services are shared to My Health Record by default? • What should Government consider to support healthcare providers to check medicines information in My Health Record, before prescribing or dispensing?

3.3 System and infrastructure providers

Clinical software vendors and digital health infrastructure providers

Clinical software vendors and digital health infrastructure providers will play a critical role in enabling medicines-related information to be shared to My Health Record. This includes ensuring systems used by online prescribing services can capture, structure and transmit medicines information in line with national digital health standards.

Introducing new requirements may have implications for system configuration, development effort and implementation timing. The Australian Digital Health Agency will be a key partner in progressing this reform, leading engagement with vendors and infrastructure providers and maintaining the technical standards, conformance processes and integration guidance required for connection to My Health Record.

The Department is seeking views on system readiness, potential integration challenges and any other factors that should be considered in designing and implementing new requirements.

Case study 5: Coordinating medicines across providers

What happened	Hassan lives in a remote community. He manages two chronic conditions through a combination of community health services and telehealth. Because Hassan lives far from major health services, he relies on telehealth appointments to access specialist advice. Over time, he receives prescriptions from several healthcare providers who are not connected to his local clinic. Without access to the medicines prescribed through these telehealth consultations, Hassan's local community health worker may not have a complete view of the medicines he is currently taking. After discussing how his health information is managed, a community nurse looking after Hassan at the local clinic accesses his My Health Record, including his full medicines list and prescriptions from his telehealth GP. Having access to this information allows his local care team to see the medicines that have been prescribed across different telehealth services. This helps them identify a gap in his treatment before it becomes a problem and supports Hassan to manage his conditions safely within his community.
Why this matters	This story shows how people who rely on telehealth can receive care and prescriptions from multiple providers across Australia, while depending on local health workers for ongoing support. When medicines prescribed through telehealth are not consistently shared, local care providers may not have access to a complete and up-to-date medicines history. The Government's intent to share medicines information to My Health Record by default is aimed at improving the availability of medicines information across care settings, so that people and their healthcare providers can rely on a more complete view of current medicines as part of routine care. This may support safer, more coordinated management of chronic conditions for people living in remote and regional communities.
Your views	We are interested in views on how experiences like this reflect the use of online prescribing services and what matters most to people who rely on them, including: **Consultation question:** • What impacts or challenges should government consider before implementing this reform?

For more information

A **Consultation Background Paper** has been prepared to provide further detail on the policy, legislative and system context for medicines-related information sharing in Australia. It can be found alongside this paper on the 'Online prescribing services: Sharing medicine-related information to My Health Record by Default' Consultation page via Citizen Space.

The **Australian Digital Health Agency** website at www.digitalhealth.gov.au provides more information about national digital health strategies initiatives, including My Health Record. It also provides information about progress towards delivering **better and faster access** to health information by introducing Share by Default requirements for pathology and diagnostic imaging reports from 1 July 2026.

Have your say

We are seeking your views to inform the development of the new Share by Default requirements for online prescribing services. **The consultation will be open from 5 June to 7 July 2026**

You can provide your views by:

- Completing the online survey on the **'Online prescribing services - Sharing medicines-related information to My Health Record by default'** Consultation page via Citizen Space (preferred)
- Emailing a written submission to MHR@health.gov.au

We will seek your permission to publish your response on the Department's website at the conclusion of the consultation period. Responses will only be published if approval has been confirmed. Your privacy is important to us, and you can read our Privacy Statement below.

We will prepare a summary of the key themes arising from the consultation and publish this on the consultation webpage.

Privacy Statement

The Australian Government Department of Health, Disability and Ageing (the Department) and the Australian Digital Health Agency (the Agency) are inviting feedback on the introduction of requirements for online prescribing services to share prescribed and dispensed medicines information to My Health Record by default. This includes feedback on privacy and consumer control, the definition and scope of online prescribing services, people's experiences with online prescribing, clinical accountability, and the legal, technical and broader health system impacts of implementing these changes.

Your personal information is protected by law, including under the *Privacy Act 1988* (Privacy Act) and the Australian Privacy Principles. The Department's privacy policy contains information about how you may access and seek correction of your personal information.

The Department collects personal information through Citizen Space for the purpose of conducting this consultation and understanding views on the design and implementation of medicines-related information sharing within My Health Record. The Department will collect your personal information at the time you make a submission, unless you choose to make a submission anonymously and are not reasonably identifiable from the information you provide. If you prefer, you may also make a submission directly to the Department via email at MHR@health.gov.au

If you consent, the Department may at its discretion, publish part or all of your submission on the Department's website. If your submission is published, the Department may identify you and/or your organisation as the author of the submission, where you have consented to being identified. Your submission may be shared with the Agency to support implementation planning. The Agency will handle personal information in accordance with the requirements of the Privacy Act and the Agency's Privacy Policy.

Your submission may be used to inform the development of the National Medicines Record, including where submissions contain information relevant to broader medicines design and planning activities. We may use secure artificial intelligence (AI) tools to help analyse and process submissions. Where possible, we use de-identified information.

Please note that your email address will not be published and responses may be moderated to remove content that is inappropriate/offensive or contains sensitive information. If you do not or are unable to provide your personal information, you will not be able to complete the submission.

Submissions which have been published on the Department's website can be accessed by the general public, including people overseas. Ordinarily, where the Department discloses personal information to an overseas recipient, Australian Privacy Principle (APP) 8.1 requires the Department to take reasonable steps to ensure that the overseas recipients do not breach the APPs. However, if you consent to the publication of your submission, APP 8.1 will not apply to this disclosure and the Department will not be accountable under the Privacy Act for any subsequent use or disclosure of the submission by an overseas recipient, and you will not be able to seek redress under the Privacy Act.

You should not include information in your submission about another individual who is identified, or reasonably identifiable. If you need to include information about another individual in your submission, you will need to inform that individual of the contents of this notice and obtain their consent to the Department collecting their personal information.

You can get more information about the way in which the Department will manage your personal information, including our privacy policy, on our website. The Department's privacy policy contains information about how you may complain about a breach of the Australian Privacy Principles or the Australian Government Agencies Privacy Code and how the Department will deal with complaints. You can obtain a copy of the Department's privacy policy by contacting the Department using the contact details set out below.

The Department's privacy policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and how you may complain about a breach of
  - the APPs; or
  - a registered APP code that binds the Department; and
  - how the Department will deal with such a complaint.

You can contact the Department by telephone on (02) 6289 1555 or free call 1800 020 103 or by using the online enquiries form at Australian Government Department of Health, Disability and Ageing.