



Australian Government

Department of Health, Disability and Ageing

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

Public consultation outcomes summary

October 2026



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Acknowledgement

The Department of Health, Disability and Ageing (the Department), in partnership with the Australian Digital Health Agency (the Agency), extends its appreciation to all individuals and organisations who provided submissions to the public consultation on online prescribing services sharing medicines-related information to My Health Record by default. Your feedback has helped inform the development of this policy.

The Department and Agency acknowledge and appreciate the time and effort contributed to this important work.

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Executive Summary

On 5 June 2026, the Department in partnership with the Agency commenced public consultation on the expansion of Sharing by Default to My Health Record requirements to include medicines-related information from online prescribing services, as [announced](#) by the Australian Government on 28 January 2026.

Feedback was sought to inform the design and implementation of the new requirements, including the types of medicines-related information that should be shared, privacy and safety considerations, and potential impacts on systems and workflows. Broader Sharing by Default measures and related reforms, including the National Medicines Record, were outside the scope of this consultation and will be progressed separately.

This document summarises stakeholder feedback received through the consultation process, the key themes identified, and how the feedback will inform ongoing policy development. The information presented does not represent a final policy position on any of the matters considered through the consultation.

Consultation snapshot

At a glance

The consultation sought feedback from individuals and healthcare providers through an online survey and written submissions. Stakeholders were invited to share their views on a range of topics related to the sharing of medicines information from online prescribing services to My Health Record (see **Appendix A**).

To support feedback, consultation materials included clinical case studies and a background paper explaining the existing legislative framework.

Consultation period	June – July 2026
Total submissions	78 submissions
Stakeholder groups	Individuals, healthcare providers, professional bodies, prescribers, software vendors, governments and other interested organisations.

Introduction

[My Health Record](#) is Australia's personally controlled electronic health record. It enables people to have their health information available whenever it's needed, including in an emergency. Having easy access to their health information helps to put people firmly at the centre of their own healthcare journey.

My Health Record keeps key health information such as, pathology results, diagnostic imaging reports, prescription and dispensing information, hospital discharge summaries and more in one safe, secure and accessible place.

In the 2023–24 Budget, the Australian Government announced it would implement Sharing by Default for My Health Record, commencing with pathology and diagnostic imaging services.

On 1 July 2026 the first Sharing by Default Rules commenced – introducing requirements for pathology and diagnostic imaging services to upload results to My Health Record by default.

In January 2026, the Government [announced](#) that medicine-related information from online prescribing services would be the next category of health information to be shared by default to the My Health Record system. This is part of the Government's broader intent to improve medicines safety for the Australian community, including through the development of a National Medicines Record.

Related projects and initiatives

<u>National Medicines Record</u> A staged national reform intended to strengthen medicines safety by improving access to accurate, up-to-date medicines information across care settings.	<u>Electronic prescribing</u> and <u>Active Script List</u> Important foundations for broader medicines information sharing and more integrated digital medicines management.
<u>Interoperability, standards</u> and connectivity National standards and connectivity initiatives support secure sharing of health information across healthcare systems.	<u>Health Connect Australia / national information sharing</u> Part of broader efforts to improve information availability, care coordination and continuity of care.
<u>MyMedicare</u> Supports better coordinated care by connecting patients with their regular GP and healthcare team.	<u>1800MEDICARE App</u> Provides individuals with access to health information and digital health services, including My Health Record.

Key consultation feedback themes

Overall findings

Most stakeholders indicated support for the introduction of requirements for online prescribing services to share medicines information to My Health Record.

Stakeholders recognised the policy's potential to improve medicines safety and care coordination. They highlighted the importance of clear policy scope, privacy protections, high-quality information, implementation readiness, effective system integration and a practical pathway for broader medicines information sharing over time.

Many stakeholders supported the overall policy intent but considered the current focus on online prescribing services too narrow. They suggested the initial scope be expanded to include other prescribing models, or that medicines information sharing should apply more broadly across prescribing settings.

A small number of stakeholders opposed or expressed reservations about the policy, primarily due to concerns about privacy, personal control of individual information and the potential disclosure of sensitive health information.

Theme 1: Policy intent and expected benefits

Key messages from stakeholders

- Strong support for the policy intent and safety rationale.
- Many stakeholders viewed the policy as an important first step towards broader medicines information sharing, while noting that online prescribing alone would only partially address medicines safety risks.

What stakeholders told us

Most stakeholders indicated strong support for the reform and identified the policy as an important initial step towards improving medicines safety, access to medicines information and more connected care. Stakeholders recognised multiple benefits that the reform could produce, including:

- improving access to accurate and more complete medicines information
- supporting safer prescribing, dispensing and medication reconciliation
- helping healthcare providers make more informed clinical decisions
- reducing information gaps when people receive care from multiple providers and settings
- improving continuity and coordination of care through better visibility of medicines histories
- contributing to broader digital health reforms, including the development of a National Medicines Record.

Many respondents supported comprehensive medicines information sharing, provided appropriate privacy protections and safeguards remain in place. There was also support for stronger safeguards for higher-risk medicines and improved oversight of online prescribing practices.

Stakeholders highlighted the importance of clearly defining the policy scope, including which providers and services that would be covered.

Some stakeholders questioned limiting the reform to online prescribing services, noting that medicines safety risks can arise across the healthcare system due to fragmented medicines information. They suggested that broader information sharing may be needed over time to support medicines safety and care coordination.

A small number of respondents opposed the reform due to concerns about privacy, personal choice, trust in digital systems, and the potential impact on access to care for sensitive health conditions.

Response to feedback

The Department acknowledges feedback that medicines-related risks and information gaps can occur across a range of healthcare settings where prescribing occurs. This reform is not designed to address all medicines information-sharing issues across the health system. Rather, it is a practical step to reduce information gaps that can occur when care is accessed outside of a person's regular care settings.

While this consultation focused specifically on online prescribing services, feedback regarding broader medicines information sharing will help inform future policy considerations and related digital health reforms.

What we heard / What happens next

What we heard	What happens next
Stakeholders strongly supported improved medicines visibility and the safety rationale of the reform.	Insights from consultation will inform the next phase of Sharing by Default requirements.
Many stakeholders viewed online prescribing as a practical first step but noted that medicines safety risks extend beyond these services and that broader medicines information sharing may be needed over time.	Stakeholder feedback will inform broader medicines information sharing and approaches to the staging of related digital health reforms.

Theme 2: Scope of the policy

Key messages from stakeholders

- Stakeholders want more clarity on the types of services, healthcare providers and care models in scope of the reform.
- Hybrid, virtual and hospital-based models require careful consideration, particularly in any future expansion to all medicines.

What stakeholders told us

Stakeholders highlighted the need for greater clarity on the scope of the new requirements, including the responsibilities of organisations involved in delivering online prescribing services.

Stakeholders noted that online prescribing includes a range of practice models, so it is important to clearly define which services are in scope. Stakeholders sought clarity on which service models would be covered and emphasised the need to distinguish online prescribing services from models that combine online and face-to-face care. Some also suggested considering how future policy settings may apply to hospital-based services and emerging models of care.

Stakeholders highlighted the importance of clear roles and responsibilities across the prescribing sector. They noted that clear scope and accountability arrangements would support consistent implementation, reduce uncertainty and strengthen confidence in medicines information sharing through My Health Record.

Response to feedback

The Department acknowledges the importance of clear definitions for any new Share by Default requirements. Stakeholder feedback will help refine the policy scope and inform the development of the new requirements.

Clear accountability across the prescribing sector will also be important. Legal, clinical and operational considerations will continue to be considered as the policy progresses, alongside ongoing engagement with key stakeholders and clinical advisory bodies.

What we heard / What happens next

What we heard	What happens next
Definitions and scope for new requirements need to be clear.	Refine policy definitions and continue to engage with stakeholders to guide scope.
Responsibilities for any new requirements may span multiple organisations, providers, platforms and software vendors.	Continue engagement with key stakeholders and advisory bodies to clarify roles and accountability to inform design of any new requirements.

Theme 3: Safety, privacy and individual choice and control

Key messages from stakeholders

- Individual control, clear information and protections for sensitive health information remain important.
- Maintaining existing controls and confidence in how medicines information is shared, accessed and managed in My Health Record is integral.
- Any changes must maintain trust and ensure privacy protections do not inadvertently discourage people from seeking care, particularly for sensitive health concerns.

What stakeholders told us

Many stakeholders said access to accurate and complete medicines information is important for reducing risks linked to fragmented care and limited clinical information. Safety, privacy, individual choice and trust were prominent themes.

Some stakeholders noted that online prescribing services are an important channel for many people because they perceive them to offer greater privacy, confidentiality, access and convenience.

Stakeholders recognised that medicines information can reveal details about a person's health condition, including where medicines relate to mental health, sexual and reproductive health, blood-borne viruses and other sensitive health issues. They emphasised the importance of maintaining current privacy protections, individual controls and clear information about how medicines information is shared and accessed in My Health Record.

Respondents highlighted the need to consider people in vulnerable situations and those receiving sensitive healthcare, including sexual and reproductive health services and family

violence support. They noted that appropriate safeguards are important to maintain confidence in the system and support access to care.

Overall, stakeholders recognised the need to balance the benefits of information sharing with privacy, supported by clear communication and transparency. Views differed on whether existing My Health Record controls achieve this balance.

Some stakeholders considered the current controls sufficient, while others supported additional options for sensitive or lower-risk medicines. Some also suggested that healthcare providers should be able to identify when information has been restricted, without being able to view the restricted details.

Stakeholders also raised questions about the governance and use of medicines information beyond direct patient care. They called for clear limits, transparency and accountability for any authorised secondary use, and expressed concerns about the potential use of medicines information in non-clinical settings, such as insurance, employment, law enforcement and marketing.

Response to feedback

The Department recognises the importance of ensuring individuals understand how their information is shared, who can access it, and the controls available through My Health Record. This reform does not change the existing privacy settings or people's ability to control their information in My Health Record and who may access it.

The Department acknowledges concerns about sharing sensitive health information and the need to ensure information sharing supports confidence in the system and access to care.

As the reform progresses, its impacts on people experiencing vulnerability will continue to be considered, including how the requirements interact with existing consent, privacy and legal arrangements. The Department also recognises the importance of education to support successful implementation.

What we heard / What happens next

What we heard	What happens next
Medicines information may reveal sensitive health information, including information associated with stigmatised conditions or vulnerable circumstances.	The Department will undertake targeted consultation with clinical and consumer representatives to inform approaches to managing sensitive information, including guidance for individuals and healthcare providers.
Some stakeholders emphasised that privacy protections and individual controls should support confidence in the system and avoid unintentionally discouraging people from seeking care for sensitive health issues.	Consideration of existing privacy safeguards and existing controls within My Health Record, and opportunities for better education for individuals and healthcare providers.

Theme 4: Safeguards for high-risk medicines

Key messages from stakeholders

- Strong support for increased visibility of high-risk medicines.
- Views differed on whether additional safeguards should be required for high-risk medicines.
- Many stakeholders preferred targeted safeguards rather than broad exemptions to medicines information-sharing requirements.

What stakeholders told us

Feedback indicated strong support for ensuring information relating to high-risk medicines is available to support safe and coordinated care.

Stakeholders generally agreed that access to medicines information can support safer prescribing and better continuity of care, particularly where access to clinical information may be limited.

Views differed on whether additional safeguards are needed for certain medicines. While some supported stronger protections for high or lower-risk medicines, stakeholders generally preferred targeted safeguards over broad exemptions. Many also highlighted the importance of aligning with existing medicines safety measures, including Real Time Prescription Monitoring arrangements, and maintaining appropriate clinical oversight.

Stakeholders emphasised the need to balance the clinical value of medicines information with the needs of people experiencing vulnerability and those receiving sensitive healthcare.

Response to feedback

The Department will continue to engage with the National Clinical Governance Committee for Digital Health (NCGC-DH), relevant Expert Advisory Groups and other stakeholders to consider whether additional safeguards for specific medicines are needed, taking into account existing medicines safety measures and privacy protections.

These advisory groups provide national clinical governance and expert advice on the safe and quality use of digital health, informed by clinical and lived experience perspectives. Their advice will inform the development of any new Share by Default requirements and help ensure they are clinically appropriate and support safe, high-quality care.

What we heard / What happens next

What we heard	What happens next
High-risk medicines need to remain clinically visible to support safe prescribing, dispensing and care coordination.	Engage with clinical advisers and stakeholders to consider appropriate safeguards for high-risk medicines.
Safeguards should complement, rather than duplicate, existing monitoring arrangements.	Consider interaction of proposed reforms with existing medicines safety systems.

Theme 5: Implementation and system readiness

Key messages from stakeholders

- Interoperability, workflow integration and system usability are critical to successful implementation.
- Stakeholders sought practical guidance, clarity on conformance requirements and clear implementation timeframes.
- Education, support and behaviour change activities are integral to ensure successful implementation.

What stakeholders told us

Stakeholders emphasised the importance of implementing the reform in a way that integrates with existing healthcare systems and clinical workflows. They highlighted the need for interoperability, consistent technical standards, software vendor readiness and sufficient time to implement changes. Stakeholders also noted that differences in digital capability, infrastructure and system maturity across healthcare settings may affect implementation. These differences should be considered to minimise administrative and technical burden.

Stakeholders emphasised that successful implementation would require more than technical readiness. Many highlighted the need for clear communication, education and change management to support individuals, healthcare providers and organisations. Respondents also noted the importance of ensuring people understand how their health information is managed and shared, including the privacy controls available through My Health Record. Communication and education activities should be accessible, inclusive and tailored to diverse communities.

Stakeholders also raised concerns about implementation costs, workforce capacity and the distribution of responsibilities across providers, service operators and software vendors. Several recommended a staged implementation approach, supported by conformance testing and transition assistance. Some also noted that healthcare providers should not be penalised for issues outside their control, such as technical limitations or incomplete information.

Response to feedback

The Department recognises the importance of nationally consistent approaches, interoperability, and alignment with existing digital health systems and clinical workflows and emerging capabilities. As the reform progresses, implementation planning will consider system readiness, technical requirements, and the support needed across healthcare settings.

Feedback highlighted the importance of allowing sufficient time for implementation, supported by clear communication, education and stakeholder engagement. The Department will continue to work with the Australian Digital Health Agency, software vendors, healthcare providers and other stakeholders to ensure new requirements are practical, clinically appropriate and can be integrated into existing systems and workflows.

What we heard / What happens next

What we heard	What happens next
The requirements should be integrated into existing clinical and dispensing workflows to deliver practical safety benefits.	Continued engagement with software vendors, healthcare providers and jurisdictions to inform implementation planning.
Interoperability, conformance, vendor readiness and clear technical requirements are critical to successful implementation.	Consider technical guidance, conformance and testing arrangements, implementation support, accountability and liability issues, and transition periods informed by system and vendor readiness.

What we heard	What happens next
Stakeholders sought clarity on timelines and assurance that sufficient time, support and education will be available to prepare systems, workflows and users.	Consider implementation timing, communication, education and support needs for individuals, healthcare providers and other impacted stakeholders.
Share by default requirements should align with future planning for related capabilities, including the proposed National Medicines Record, and avoid unnecessary or duplicate workflows, systems and technical effort.	Continued engagement with stakeholders on system design and implementation planning

Theme 6: Information, quality and completeness

Key messages from stakeholders

- Information quality is central to improved medicines safety benefits.
- Incomplete, hidden, duplicated or poorly matched information may create false confidence.
- Structured and standardised information supports clinical usefulness but may not be available for all prescribing events.

What stakeholders told us

Stakeholders consistently noted that the value of medicines information depends on it being accurate, complete, reliable and clinically useful. While there was broad support for increased information sharing, many emphasised that the expected safety and care coordination benefits would only be achieved if information is easy to use and routinely accessed by healthcare providers. Some also cautioned that incomplete, duplicated or poorly matched records could create false confidence if information appears more complete than it is.

Many stakeholders supported sharing key medicines information, including medicine details, prescribing and dispensing information, and relevant clinical context. Some highlighted the importance of additional information, such as allergies, adverse reactions and the reason for prescribing, to support safe interpretation and clinical decision-making.

Stakeholders also distinguished between records of prescribing or dispensing events and a complete view of a person's current medicines. They noted that information about medicines that have been stopped, changed, withheld or refused may also be important for safe care. Clear identification of the information source, including the prescriber or dispenser, was considered important to support trust and accuracy.

Stakeholders highlighted the importance of structured and standardised information to support interoperability across different systems and care settings. Some noted challenges in capturing certain information, particularly prescribing rationale and diagnosis details, due to differences in software capability and clinical coding practices.

Several submissions suggested future enhancements, such as information on treatment duration, monitoring requirements and review arrangements, to support a more complete medicines history and improve clinical usefulness.

Finally, stakeholders noted that increased information sharing alone would not improve medicines safety unless healthcare providers routinely access, review and use the information when making clinical decisions.

Response to feedback

The Department recognises the importance of medicines information being accurate, consistent and clinically useful. It also acknowledges concerns that incomplete or restricted information may affect healthcare providers' confidence in My Health Record. Improving medicines safety is the focus of this reform, and stakeholder feedback will help shape how information is presented to support safe and informed clinical decisions.

Feedback on the information to be shared, the role of clinical context, data standards and opportunities for future improvements will continue to inform policy development.

What we heard / What happens next

What we heard	What happens next
Accurate, complete and clinically meaningful medicines information is essential to achieving safety benefits.	Consider information quality, standardisation and clinical usefulness as part of policy and implementation design.
Incomplete, hidden, duplicated or poorly matched medicines information may create false confidence in the completeness of information in My Health Record.	Explore ways to make limitations, gaps, information sources and restrictions clearer to healthcare providers.
Increasing the availability of medicines information alone is not sufficient; healthcare providers also need to routinely access, review and use the information in clinical decision-making.	Consider how medicines information can be presented in a way that supports safe, effective and coordinated care. This includes education and other supports to promote access to medicines information in clinical workflows.

Theme 7: Expansion of Sharing by Default to all medicines

Key messages from stakeholders

- Many stakeholders supported a longer-term pathway towards broader medicines information sharing across prescribing settings.
- The policy was generally viewed as an important first step towards improved medicines visibility and medicines safety.
- Future expansion should be staged and consider privacy, readiness and implementation impacts.

What stakeholders told us

Many stakeholders supported a longer-term approach in which medicines information is routinely shared to My Health Record, regardless of where a prescription is generated. Some considered that requirements should eventually extend beyond online prescribing services to support more comprehensive medicines information sharing.

Stakeholders also highlighted opportunities to align future expansion with broader digital health initiatives, including electronic prescribing, Active Script List, Real Time Prescription Monitoring, Shared Health Summaries and the development of a National Medicines Record.

Response to feedback

The Department acknowledges stakeholder support for broader medicines information sharing and the potential benefits of expanding Share by Default requirements over time.

Feedback from this consultation will inform consideration of how future requirements may be applied more broadly, including opportunities to align with other digital health initiatives. Any future expansion will be informed by further consultation and consideration of privacy, individual choice, interoperability, system readiness and implementation impacts.

What we heard / What happens next

What we heard	What happens next
Broader medicines information sharing would ultimately be required to address medicines information gaps that extend beyond online prescribing services.	Feedback will inform future policy considerations and planning for sharing requirements beyond online prescribing services.

Other feedback and considerations

In addition to the key themes identified through the consultation, stakeholders raised several considerations relevant to policy development and implementation, including:

- The treatment of certain clinical trial medicines, to avoid unintended impacts on trial participation and research integrity.
- The readiness of some public hospitals, virtual hospitals and acute care services, which may require additional digital capability or infrastructure to implement the proposed requirements.
- Ongoing engagement with healthcare providers across settings, including hospitals, Aboriginal and Torres Strait Islander health organisations, Aboriginal Community Controlled Health Organisations, and remote healthcare providers, to support practical, culturally safe and equitable implementation.
- Opportunities to draw on the experience of organisations already sharing medicines information through My Health Record to support implementation, education and future system improvements.
- The needs of people with complex care requirements, including those receiving palliative care, where improved medicines information sharing may support medication reconciliation, continuity of care and safer clinical decision-making.
- Consideration of aged care settings, where medicines management often involves multiple medicines, prescribers, care transitions and substitute decision-makers.
- Support for healthcare providers outside traditional general practice settings, including nurse practitioners, pharmacists, allied health professionals and other non-medical prescribers, who may face different infrastructure, funding, training and system access challenges.

The Department will consider this feedback, in collaboration with the Agency and other key stakeholders and delivery partners, to inform future system, policy and legislative reforms.

Appendix A: Consultation Questions

Individual/consumer questions

1. Is the scope of the policy clear, including who it applies to, what information would be shared, and how it would be shared to My Health Record?
2. Do you think any types of online prescribing services should not have to share information to My Health Record? If yes, please tell us which ones and why.
3. Do you have any concerns about the privacy or individual control of your prescribed and dispensed medicines information if online prescribing services were required to share that information to My Health Record by default?
4. What information about your medicines do you think should be shared in My Health Record to help keep your care safe and well-coordinated? For example, this might include information such as the medicine name, how much to take, how often to take it, when it was prescribed or supplied, and why it was prescribed.
5. Do you think stronger safeguards should apply for some medicines that may carry higher risks? For example, this could include strong pain medicines (opioids), sleeping tablets or sedatives, medicines for anxiety, stimulant medicines, or medicinal cannabis.
6. Are there medicines that should be exempt from the requirement to be shared to My Health Record or treated differently due to potential sensitivity or risk?
7. Do you think online prescribing can have different safety risks compared to other healthcare services? Please explain.
8. In your view, what are the main reasons people use online prescribing services?
9. What matters most to you when using online prescribing services?
10. What impacts or challenges should Government consider before implementing this reform?
11. Are there any other types of health information that you think should be required to be shared to My Health Record by healthcare providers?
12. Is there anything else you would like to tell us that has not been covered in this consultation?

All other groups (including Healthcare Providers)

1. Is the scope of the policy clear, including who it applies to, what information would be shared, and how it would be shared to My Health Record?
2. Are there any types of online prescribing services that should be excluded from these requirements? If yes, please describe which services and why.
3. How should people's privacy and individual choice be balanced with safe and coordinated care if medicines information prescribed by online prescribing services is shared to My Health Record by default?
4. What types of medicines-related information should be shared to My Health Record to support safer and more coordinated care? For example, medicines information proposed to be shared includes the medicine name, dose, how it should be taken, when it was prescribed or supplied, and the reason it was prescribed.
5. Should stronger requirements or safeguards apply for higher-risk medicines? For example, medicines such as opioid pain medicines, sedatives, benzodiazepines, stimulant medicines, or medicinal cannabis.
6. Are there medicines that should be exempt or treated differently due to potential sensitivity or risk?
7. Are there any risks specific to online prescribing services, compared to other prescribing settings (such as face-to-face care), that this proposal should address? For example, fragmented care, people seeing multiple prescribers, or limited visibility of a person's full medicines history.

8. Why do people use online prescribing services?
9. What matters most to patients who use online prescribing services?
10. What impacts or challenges should government consider before implementing this reform?
11. Is it practical for online prescribers to share medicines information by default using current digital systems?
12. How is patient clinical information and history currently used to inform prescribing and dispensing decisions?
13. How might sharing medicines information to My Health Record change clinical workflows?
14. Are you using My Health Record prior to prescribing or dispensing medicines?
15. Would these requirements make it more likely for you to check My Health Record prior to prescribing/dispensing? Please provide more information if required.
16. Are there any other types of health information that you think should be required to be shared to My Health Record by healthcare providers?
17. Is there anything else you would like to tell us that has not been covered in this consultation?

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All information in this publication is correct as of October 2026