“From Report to Reality: Were My Recommendations Actioned?”

Early-career insights into GP engagement and uptake of HMR/RMMR recommendations in rural practice.

Starting out as an early-career consultant pharmacist can feel like stepping into uncharted territory.
You’ve made your first connections, conducted your first medication reviews… but then what?
How do you know your recommendations are making a difference?
Scrolling through online pharmacist communities, it’s clear that many of us wonder the same thing: are our suggestions being noticed, let alone actioned?
In this poster, I share the discoveries in my own practice.
While there’s still work to do to achieve full collaboration on every review, I hope these insights inspire you to keep building connections with GPs, community pharmacists, and patients — ensuring that medication management is not only safe but truly effective for the communities we serve.

01. Introduction

Between August 2025 and March 2026, 53 HMRs and 25 RMMRs were conducted across Northeast Victoria (MM category 3–5). Referrals were obtained from community pharmacies, GP clinics, fellow consultant pharmacists and through self-led RMMR contracting. At one clinic, a GP pharmacist and administrative assistant streamlined appointment scheduling, improving access to services for patients. A total of 2,960 km was travelled during service delivery, with rural loading granted on two occasions.

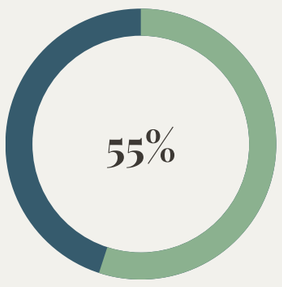
02. Objective

To evaluate GP engagement, feedback rates, and uptake of pharmacist recommendations from HMRs and RMMRs, and to assess the impact of collaborative practice on patient care in a rural setting.

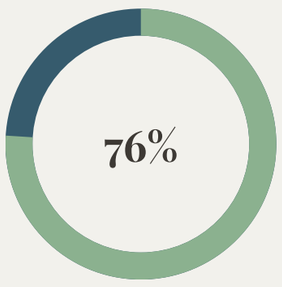
03. Methodology

Data were extracted from the Splose patient management system and supplemented by email responses from GP clinics.
A recommendation was considered “actioned” if documented via tick or comment on the returned report. Absence of any documentation or explicit documented non-action was classified as “not actioned.”

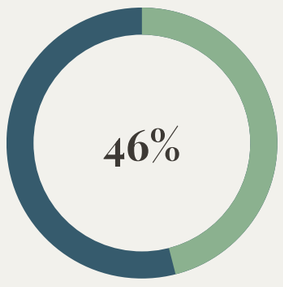
04. Results/Findings



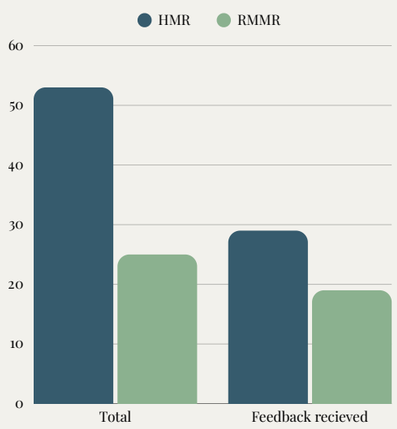
% HMR action plans returned



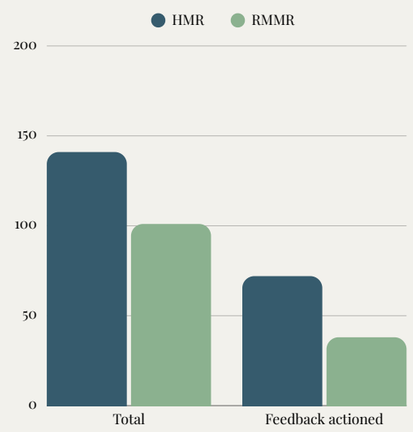
% RMMR action plans returned



% Recommendations actioned from returned HMR & RMMR reports



Of the returned reports:
Total recommendations made: 248
Total recommendations actioned: 113



Common recommendation made	No. of times reccomendation made	No. (%) of times actioned
Medicine updates to clinical records: such as removing or adding medicines to practice software	24	13 (54%)
Considerations for deprescribing/weaning (e.g. supplements where replete, medicine with no perceived benefit, side effects from medicine)	80	36 (45%)
Renal dosing adjustments - rosuvastatin (2), metformin (3), nitrofurantoin, empagliflozin, morphine, sitagliptin, nizatidine	13	10 (77%)
Provision of medicine list - sent to GP for adjusting with any changes made due to recommendations of HMR report	8	4 (50%)
Vaccination recommendations	6	6 (100%)

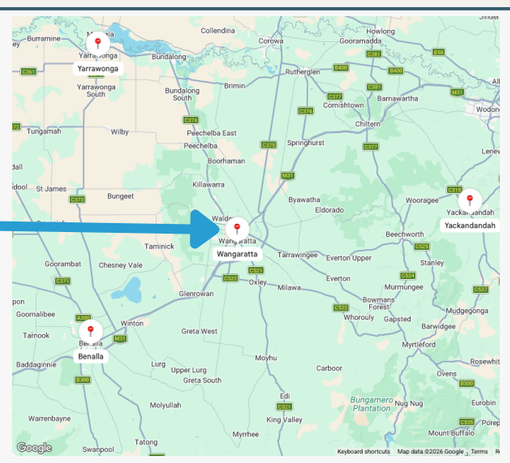
05. Discussion

A total of 46% of recommendations from returned reports were actioned, with vaccination and renal dose adjustment recommendations showing the highest uptake. Deprescribing recommendations were common but less frequently actioned, likely reflecting the complexity of these decisions. RMMRs demonstrated higher feedback rates than HMRs, highlighting the benefits of structured collaboration and communication pathways within aged care settings.

06. Conclusion

Consultant pharmacist recommendations contributed meaningfully to medication safety and quality use of medicines in rural practice. Higher engagement within RMMRs suggests that strong interdisciplinary collaboration supports greater implementation of recommendations. These findings reinforce the value of consultant pharmacists and demonstrate that early-career pharmacists can achieve meaningful clinical impact.

Where I practise:



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