Australian Government
Australian Digital Health Agency

Australian Digital Health Agency

ANNUAL REPORT

2024–2025

Our work means so much to so many

Publication details

The Agency wishes to advise people of Aboriginal and Torres Strait Islander descent that this document may contain images of persons now deceased.

Feedback and inquiries
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Australian Digital Health Agency Annual Report 2024–25

Acknowledgements
Report coordination and preparation: Michaela Watson and Gaby Suchard
Special thanks go to staff involved in contributing and clearing material and data.

Preface

Guide to this report

This annual report describes the operations and performance of the Australian Digital Health Agency during 2024–25. The report was prepared in accordance with legislated reporting requirements under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and other Commonwealth legislation including the *My Health Records Act 2012*.

The Agency is jointly funded by the Australian Government and all state and territory governments.

Part 1. Introduction and overview

Introduces the Agency and provides an overview of its operations, priorities for 2024–25 and outlook for 2025–26.

Part 2. Performance

Details the Agency's performance against work plan priorities captured in its *Corporate Plan 2024–25* and against targets published in the Health Portfolio Budget Statements (PBS) 2024–25. It also addresses reporting obligations under the *My Health Records Act 2012*.

Part 3. Management and accountability

Discusses the Agency's governance arrangements, external scrutiny, human resources, executive remuneration and audit committee disclosures. It also includes mandatory reporting obligations concerning workplace health and safety, advertising and market research, ecologically sustainable development and environmental performance.

Part 4. Financial statements

Includes the report by the Auditor-General and the Agency's financial statements for 2024–25.

Part 5. Navigation aids

Contains references to assist the reader to use the report: an index of compliance with annual report content requirements and a list of abbreviations and acronyms.

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Letter of transmittal

Australian Government
Australian Digital Health Agency

22 September 2025

The Hon Mark Butler MP
Minister for Health and Ageing
Minister for Disability and the National Disability Insurance Scheme
Parliament House
Canberra ACT 2600

Dear Minister

On behalf of the Board of the Australian Digital Health Agency, I am pleased to present our annual report for the period 1 July 2024 to 30 June 2025.

The Agency was established on 30 January 2016, following registration of the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule* 2016, and commenced operations on 1 July 2016. The report reflects on our ninth year of operations and addresses the requirements of section 46 of the *Public Governance, Performance and Accountability Act 2013,* including annual performance statements under paragraph 39(1)(b) and audited financial statements as required by subsection 43(4) of that Act.

The report also incorporates reporting obligations under other Commonwealth legislation: section 107 of the *My Health Records Act 2012;* Schedule 2, Part 4 of the *Work Health and Safety Act 2011;* section 311A of the *Commonwealth Electoral Act 1918;* and section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* encompassing the requirement to measure and report on emissions from Agency operations.

The report was approved for presentation to you in accordance with a resolution of the Board on 28 August 2025.

In accordance with sections 68 and 69 of the *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule* 2016, the Agency will notify each state and territory health minister of the availability of the report, and provide a copy on request.

Yours sincerely

Lyn McGrath
Chair
Australian Digital Health Agency

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Chair's message

The past year has been an exciting one in digital health. We have made tangible strides in expanding digital capabilities, connecting systems, and lifting the quality and safety of care for every Australian. By supporting the broader use of technology to close information gaps, we are enabling more seamless and effective communication between Australians and the healthcare professionals who provide their care.

These improvements are making a real difference. They reduce duplication, support better clinical decisions, and ensure timely, accurate health information is available when and where it's needed. Critically, they also support the accessibility, connectivity and inclusivity of the health system, providing information and assisting new models of care for Australians in rural and remote areas, from diverse backgrounds and older Australians.

As we modernise national infrastructure and support access to digital tools like electronic prescribing and My Health Record, Australians and their healthcare providers will benefit from richer, more meaningful data. This work is reinforcing the digital foundations of our healthcare system for the long term.

We know that cybersecurity, privacy and data protection must always be paramount. That's why we continue to invest in strong safeguards, transparent governance and frameworks that protect personal health information. Building public trust and giving people more control over their health information remain central to our approach. So too are high standards of oversight and accountability. The Board routinely reviews our policies and practices to keep pace with new technologies, changing user needs and lessons across the health and government sectors. This means we are well positioned to address challenges, embrace opportunities and improve health outcomes as the landscape evolves.

Looking ahead, we will continue to support collaboration across the health sector, nurture innovation and invest in a workforce that's ready for the digital age. By harnessing the power of data and technology, we are building a more connected, responsive and people-centred health system.

I once again thank our stakeholders, including healthcare providers, government partners, industry innovators and the broader community. Your collaboration is essential as we work together towards a safer, more connected healthcare future for all Australians, now and for generations to come.

Lyn McGrath

Chair

Chief Executive Officer's review

It is with pride and optimism that I present this year's Annual Report for the Australian Digital Health Agency.

The 2024–25 financial year has been one of continued focus on delivering world-class digital health for all Australians, purposefully taking forward our 3 strategic priorities: driving information sharing, improving connectivity and advancing real-time information exchange, and modernising digital infrastructure. These pillars underpin every initiative, partnership and innovation we pursue.

In 2024–25 we concentrated on accelerating the growth of secure, interoperable platforms, expanding engagement with Australian healthcare consumers and providers and strengthening the digital foundations of our health system. We also continued to support the government's Strengthening Medicare agenda, including the introduction of the Sharing by Default legislation. These reforms have been instrumental in fostering a culture of secure information sharing among healthcare providers, ensuring that key information follows Australians wherever they receive care.

Alongside this, changes to the My Health Record system, while maintaining a focus on privacy, security and user experience, have enabled a record number of Australians to access and engage with their key health information. Australians' use of My Health Record rose by over 47%, supported by enhancements to the **my health** app to make accessing key health information easier and more intuitive. Healthcare provider use increased significantly, including the viewing of information uploaded by other healthcare organisations, which rose over 67% – from nearly 14 million to more than 23 million – demonstrating how clinicians are looking to the system to support decision-making. These trends highlight the growing confidence in digital health as a trusted enabler of better care.

By advancing real-time data exchange and improving how information flows across care settings, we're supporting healthcare professionals to collaborate more effectively and deliver care that is timely, tailored and person-centred. Our partnerships are central to this progress. Together, we've embedded digital tools into everyday practice, improving care coordination and helping Australians to receive well-connected care.

As this work progresses, we remain focused on building a digitally ready workforce, supporting equitable access to care, and harnessing emerging technologies and data sources to improve health outcomes. Our focus on digital inclusion also remains unwavering. In partnership with Aboriginal and Torres Strait Islander communities, rural and remote health services and people with lived experience of disability, we have invested in co-design and training to ensure equitable access for all. This principle lies at the heart of our Agency.

Reflecting this progress, Australia's leadership in digital health continues to grow, with the National Digital Health Strategy ranked number one globally for its clarity of vision and action-oriented approach to achieving that vision.

To the dedicated team at the Agency, thank you. Your expertise, innovation and commitment are the driving force behind our achievements. Together, we are helping to create a healthcare system that is more connected, more person-centred and more prepared to meet the challenges and opportunities of the future.

Amanda Cattermole PSM

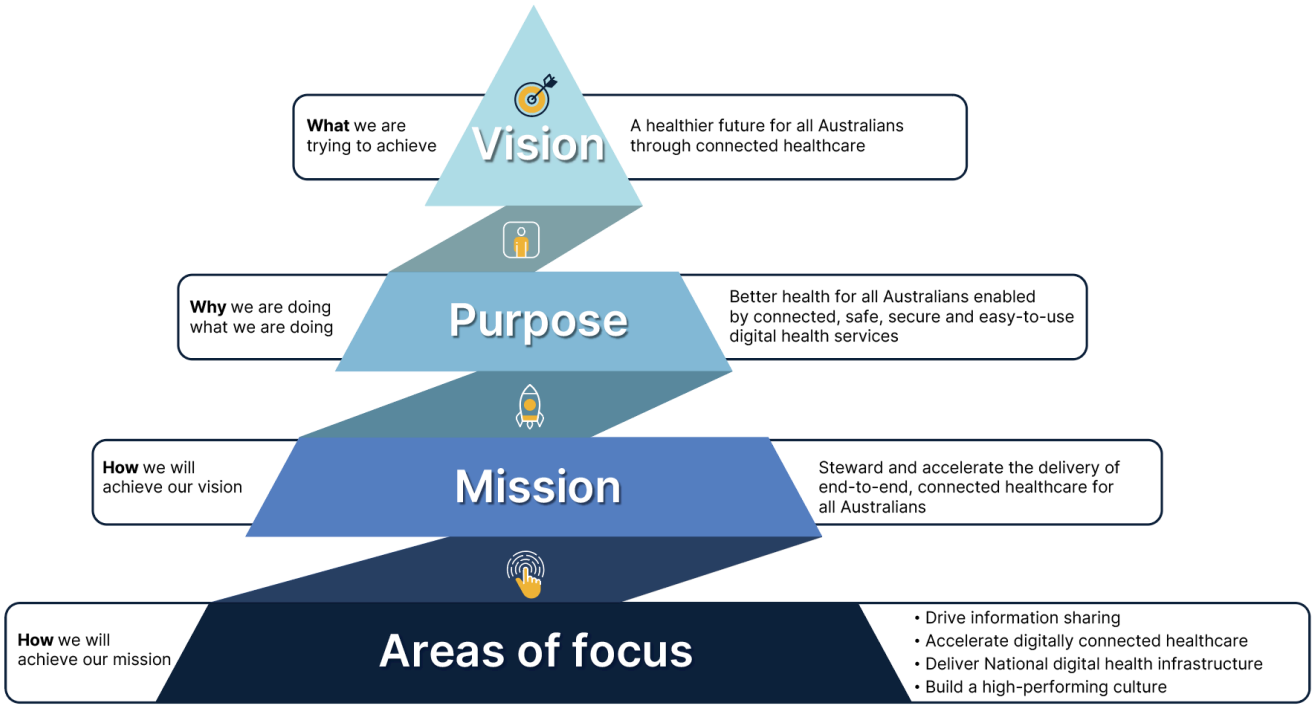
Chief Executive Officer

Part 1. Introduction and overview

Information about this Part

Part 1 provides a view of the Agency at a glance – an overview of the Agency's purpose, role, strategy and functions and an outline of the path ahead.

The Agency at a glance



Foundations

The Agency was established on 30 January 2016 and began operations on 1 July 2016, with a vision of improving health outcomes for Australians through the delivery of digital innovation, health systems and services.

Enabling legislation

The *Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016* (Agency Rule)[1] established the Agency and governs its operations. The Rule was made by the Minister for Finance under Section 87 of the PGPA Act[2] that allows for the establishment of corporate Commonwealth entities. The Agency was the first in the Commonwealth to be established under Section 87 of the PGPA Act.

National Digital Health Strategy

Internationally recognised[3] in a study of 9 OECD countries' ehealth strategies for its clarity and action orientation, Australia's *National Digital Health Strategy 2023–2028* continues to guide Agency priorities and ensure our work places people at the centre of a modern, connected and digitally enabled healthcare system.

A report showcasing activities and investment to realise the strategy's 4 health system outcomes – digitally enabled, person-centred, inclusive and data-driven – will be published this year outlining progress against the 80 initiatives in the strategy's accompanying roadmap, with a particular focus on the 32 Agency-led initiatives.

Products and services

The Agency has a lead role in stewarding, operating and developing the national digital health infrastructure that underpins the delivery of digital health in Australia. This includes:

- My Health Record
- **my health** app
- Healthcare Identifiers (HI) Service
- National Authentication Service for Health (NASH)
- Health Information Provider Service (HIPS)
- Provider Connect Australia™ (PCA™)
- Australian Medicines Terminology and SNOMED CT-AU
- Clinical content specifications
- Health Connect Australia.

Governing, operating and maintaining this infrastructure is a core activity for the Agency and ensures that Australian healthcare consumers and healthcare providers can be confident they are using clinically safe systems to support their health and care needs. Part 1 provides further detail on this activity.

Delivery priorities for 2024–25

Over the course of 2024–25, the Agency led the way in advancing and expediting digital innovation as part of the broader national health agenda. The Agency's Corporate Plan 2024–25 championed 3 strategic areas of focus:

- driving information sharing

[1] See https://www.legislation.gov.au/Details/F2016L00070
[2] See https://www.legislation.gov.au/Details/C2017C00269
[3] K Palm, A Brantnell, M Peolsson, N Özbek and G Hedström (2025) 'National eHealth strategies: a comparative study of nine OECD health systems', *BMC Health Services Research* 25, 269.

- improving connectivity and advancing real-time information exchange
- modernising infrastructure.

Performance against each priority area can be found in Part 2 of this report.

Governance structure

The Agency is a corporate Commonwealth entity, established by a rule under the PGPA Act. Information about our governance, management and accountability framework is covered in Part 3 of the report.

Board as the accountable authority

A Board, chaired by Ms Lyn McGrath, is the Agency's accountable authority. As the accountable authority, the Board sets the objectives, strategies and policies[4] for the Agency and is responsible for the proper and efficient performance of the Agency's functions.[5]

Advisory committees

The Board is supported in the performance of its functions by advisory committees. Four standing advisory committees are established under the Agency Rule:

- Clinical and Technical Advisory Committee
- Jurisdictional Advisory Committee
- Consumer Advisory Committee
- Privacy and Security Advisory Committee.

The Agency also has an Audit and Risk Committee, as required under the Public Governance, Performance and Accountability Rule 2014.

Intergovernmental Agreement

The Agency operates under an Intergovernmental Agreement between the federal and state and territory governments. Under this agreement, the Agency works closely with the states and territories to transform how health information is used to deliver better healthcare and implement a world-class digital health capability in Australia.

Portfolio and Ministerial oversight

The Agency sits within the Health, Disability and Ageing portfolio and is accountable to the Ministers of the portfolio. At 30 June 2025 the Ministry was as follows:

- The Hon Mark Butler MP, Minister for Health and Ageing, Minister for Disability and the National Disability Insurance Scheme
- Senator the Hon Jenny McAllister, Minister for the National Disability Insurance Scheme
- The Hon Sam Rae MP, Minister for Aged Care and Seniors
- The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention, for Rural and Regional Health, for Health and Aged Care, and for Indigenous Health.

[4] Section 14(a) of the Agency Rule.
[5] Section 14(b) of the Agency Rule.

Our people and their location

At 30 June 2025, the Agency had 736 permanent staff with offices in Brisbane, Canberra and Sydney.

Funding

The Agency is jointly funded by the Commonwealth ($332.67 million) and the states and territories ($32.25 million), reflecting the commitment at all levels of government to the delivery of digital health reform.

Financial outcome

- Operating deficit: $52 million
- Operating revenue: $333 million
- Operating expenses: $385 million

The Agency's financial statements and the Australian National Audit Office's (ANAO) independent auditor's report are presented in Part 4 of this report.

Overview of the Agency

Role

As the steward for digital enablement of Australia's health system, the Agency has a lead role in coordinating national engagement, delivery and adoption of digital health to enable person-centred, connected healthcare.

This is also reflected in our mission to develop a collaborative environment to accelerate adoption and use of innovative digital health services and technologies and is activated through extensive partnerships with government departments and agencies, state and territory governments, healthcare providers and industry to connect, promote and deliver digital technologies across the health ecosystem.

The Agency is committed to the transformation of the national digital health infrastructure to help ensure a modern, data-rich ecosystem that will provide real-time access to health information for Australians and their care teams anytime, anywhere.

The Agency is the My Health Record System Operator (the System Operator) for the purposes of the *My Health Records Act 2012*. In this capacity, the Agency works with agencies and organisations to deliver the My Health Record system, including Services Australia, Deloitte Australia, DXC and Accenture. The Agency also works with other partners to deliver Agency products and services.

The Agency's functions, as set out in Section 9 of the Agency Rule, are:

1. to coordinate, and provide input into, the ongoing development of the National Digital Health Strategy
2. to implement those aspects of the National Digital Health Strategy that are directed by the Ministerial Council
3. to develop, implement, manage, operate and continuously innovate and improve specifications, standards, systems and services in relation to digital health, consistently with the national digital health work program
4. to develop, implement and operate comprehensive and effective clinical governance, using a whole-of-system approach to ensure clinical safety in the delivery of the national digital health work program
5. to develop, monitor and manage specifications and standards to maximise effective interoperability of public and private sector digital health systems
6. to develop and implement compliance approaches in relation to the adoption of agreed specifications and standards relating to digital health
7. to liaise and cooperate with overseas and international bodies on matters relating to digital health
8. such other functions as are conferred on the Agency by the Agency Rule or by any other law of the Commonwealth
9. to do anything incidental to or conducive to the performance of any of the above functions.

Values

The Agency's values and culture are fundamental to the successful delivery of our work program. They reflect our reputation, who we are, what drives us, what we stand for, how we work together and with others and our ethics. As a Commonwealth public sector organisation, the Agency embraces the Australian Public Service ICARE values:

I	Impartial
C	Committed to service
A	Accountable
R	Respectful
E	Ethical

These values are embedded in the *Workforce Strategy 2021–26*. Work is underway on the Agency's next strategy for 2026 and beyond. This will look forward to the future capabilities, continued leadership development and support, tools and approaches that we need to ensure that the Agency remains ready to steward national digital innovation and infrastructure and respond to the needs of Australians well into the future.

Figure 1: Workforce vision DNA

Structure

The Agency's organisational structure is designed to support its purpose, strategy, principles and values by providing clear lines of reporting and responsibility, aligning resources to core priorities and supporting stakeholder engagement activities.

Management team

Chief Executive Officer (CEO) Amanda Cattermole PSM is responsible for the overall management of the Agency. She is assisted by a Senior Executive Committee:

Divisions

The Agency has the following divisions:

Technology Services	Operation of high quality, trusted, reliable and secure national digital health infrastructure and health support systems, including the My Health Record.
Digital Solutions	Stewarding the national digital health ecosystem and products through analysis, data, architecture, standards, connections, service and user design.
Policy Programs and Engagement	Informing policies, managing external stakeholder relationships, and being the place of excellence for driving program delivery, reporting and outcomes.
Corporate Services	Bringing together our corporate enabling services to enable, coordinate and support the effective delivery of the Agency's operations.

The Agency's committee structure and decision-making processes are further detailed in Part 3.

Delivering against the National Digital Health Strategy

As healthcare rapidly evolves, Australians are embracing cutting-edge digital health innovations with unprecedented enthusiasm. Now more than ever, people expect healthcare tools that are not only intuitive and accessible but also strengthen the quality, security and coordination of their care. To meet these changing needs, the Agency is investing in a range of solutions that together will help build a connected and highly responsive healthcare system that puts Australians at the centre of their own care.

Central to our strategy is the continual enhancement of Australia's national digital health infrastructure. We are focused on developing robust frameworks that support interoperable, industry-standard health data which will enable healthcare providers to seamlessly access key health information and deliver timely, informed care. With these innovations, Australia will be well-positioned to adapt to new challenges, empower its healthcare workforce and deliver better outcomes for all.

In 2024–25, the Agency continued to enhance the following products and services.

My Health Record

My Health Record is Australia's personally controlled electronic health record. It keeps key health information, such as immunisations, pathology reports and diagnostic imaging reports, prescription and dispensing information, hospital discharge summaries and more, all in one safe and secure place. This enables Australians to have their health information available whenever it is needed, saving time, reducing unnecessary tests and the chance of medication-related errors and helping to put them firmly at the centre of their healthcare journey. For healthcare providers, the information supports diagnosis and treatment and promotes continuity of care.

my health app

my health app provides Australians with a digital front door to the Australian healthcare system in the palm of their hand on their chosen smart device. It provides quick, secure and easy access to key health information that they, their healthcare providers or representatives have uploaded to My Health Record. The app provides access to other services in the health system, including electronic prescription tokens and Active Script Lists (ASL) and services from Healthdirect Australia, such as their symptom checker and find & book service.

Healthcare Identifiers Service

The Healthcare Identifiers (HI) Service is a national service for uniquely identifying healthcare providers and individuals, ensuring that the right health information is associated with the right individual as patients move through the health system. Clearly identifying the patient, the healthcare provider and the organisation where healthcare is provided helps reduce the potential for error with healthcare-related information and communication. Healthcare identifiers are the foundation for government initiatives such as My Health Record and electronic prescriptions.

National Authentication Service for Health

The National Authentication Service for Health (NASH) is a service to support healthcare providers and organisations in securely accessing and sharing health information. NASH builds on the HI Service to provide healthcare providers and organisations with authentication credentials. It is used by healthcare providers and

supporting organisations to authenticate and securely access digital health services, digitally sign documents and other transactions and encrypt health information for secure exchange.

Health Information Provider Service

The Healthcare Information Provider Service (HIPS) is a middleware product offering seamless integration with systems including patient administration systems, clinical information systems and laboratory and radiology information systems. It is aimed primarily at supporting large-scale digital health environments typically found in organisations such as hospitals and diagnostic service providers but is also suitable for direct integration with digital health products.

Provider Connect Australia™

Provider Connect Australia™ (PCA™) is a service that connects healthcare provider organisations with their business partners to streamline updates of the services they provide and the practitioners who provide them. This significantly reduces the time that healthcare provider organisations spend updating their business partners, ensures that updates are not missed and reduces the transcription errors that occur with manual updates.

Australian Medicines Terminology and SNOMED CT-AU

Clinical terminologies provide a vocabulary to describe and accurately identify clinical terms, including all commonly used medicines in Australia. They enable a common understanding between digital health systems and are an essential building block for the safe exchange of healthcare information between those systems. Australian Medicines Terminology is essential for electronic prescribing and electronic medication management in the Australian healthcare community.

The Agency and CSIRO's Australian e-Health Research Centre collaborate to deliver a centre of excellence for connectivity across the Australian healthcare system, through the National Clinical Terminology Service (NCTS). The NCTS manages, develops and distributes national clinical terminologies and related tools and services to support the digital health requirements of the Australian healthcare community. The Agency has responsibility for governance and the strategic role of end-to-end management, SNOMED CT licensing and the relationship with SNOMED International, while CSIRO under contract to the Agency delivers the services and functions required to manage the operational elements of NCTS such as content authoring and tooling.

Cyber security

Advanced cyber security capability is crucial for the secure delivery and protection of the Agency's products and services. A core part of creating this capability is uplifting cyber security awareness across the entire healthcare ecosystem.

The Agency engages with healthcare providers to support and uplift their cyber security awareness. Through delivery of the Digital Health Awareness eLearning course, Cyber Security webinars and the Cyber Champions Program, the Agency provides avenues for healthcare providers to learn how they can better protect the information and services in their care. This enhances the delivery of Agency products and services and creates a cyber-resilient healthcare ecosystem. The Agency also works towards strengthening current information-sharing practices for sharing cyber threat information with the healthcare community. This supports an uplift

in cyber knowledge and awareness in the healthcare community by enabling knowledge sharing with trusted peak bodies and health organisations.

Clinical content specifications

Digital health systems exchanging healthcare information rely on common formats for their transmissions. The Agency produces well-established specifications for such information formats in the form of clinical content specifications. Traditionally, the Agency focused on specifications for clinical documents, based on the Clinical Document Architecture (CDA) standard. Increasingly, the Agency is transitioning to content specifications based on the more recent Fast Healthcare Interoperability Resources (FHIR®) standard, which supports documents and other formats of clinical content. Clinical content specifications and clinical terminologies form a key part of national infrastructure, supporting the sharing of high-quality information with a commonly understood meaning that can be used with confidence, driving greater safety, quality and efficiency.

Medicines safety

Digital health technologies are fundamentally reshaping Australia's healthcare landscape, creating a connected, data-driven system that directly addresses medicine safety. With medicine errors costing the healthcare system over $1.4 billion annually through preventable hospitalisations and emergency visits, the urgency for comprehensive digital solutions has never been greater. The Agency's Medicines Safety Program strategically leverages interconnected digital tools to support Australia's National Medicines Policy and its 4 central pillars, promoting the quality use of medicines through evidence-based approaches. This integrated approach uses standardised terminologies, structured data and FHIR® standards to establish the foundation for interoperability across the healthcare ecosystem.

Electronic prescribing, one of the digital foundations, enables secure prescription generation and management across multiple settings of care. Since implementation in May 2020, electronic prescribing has streamlined prescribing processes, improved consumer experience and reduced medicine errors through standardised terminologies and conformant software products. Electronic prescribing conformance profiles function as the quality assurance framework, establishing minimum technical requirements and ensuring software vendors meet legislative standards for consumer privacy, data integrity, cybersecurity and clinical safety. The national real-time prescription monitoring (RTPM) infrastructure operates as an integrated clinical decision support system, enabling evidence-based prescribing decisions and facilitating early intervention for high-risk medication events. The sharing of structured medicines information in real time across care settings, including through My Health Record, plays a critical role in medication error minimisation, particularly during transitions of care where communication gaps traditionally pose significant safety risks.

Collectively, these components create a seamless ecosystem supporting the quality use of medicines through enhanced medication adherence and integrated clinical decision-making tools.

Further detail on medicines safety is provided in Part 2.

Clinical governance

Driving a culture of safety, quality and continuous improvement in healthcare is at the heart of what we do as an Agency. We use a person-centred, systems approach to develop clinically safe and effective health technologies, a commitment that is embodied in the Agency's Clinical Governance Framework.

The clinical governance principles within the framework are embedded in our day-to-day activities, and we support our workforce by providing resources for each of the principles, helping to ensure the Clinical Governance Framework resonates with our Agency team and is relevant, actionable and measurable.

A whole-of-system approach to clinical governance encompasses a clinical safety program; clinical incident management; continuous quality improvement; and an open, transparent performance review and reporting process through the Agency's Clinical Governance Committee. The Committee's membership includes 4 of the Agency's digital health advisers, a diverse group of practising clinicians, health service managers and Australian healthcare consumers and carers who bring their lived and professional experiences to the design and delivery of digital health priorities.

Health Connect Australia

Health Connect Australia is a national health information exchange program designed to enable the sharing of health information between healthcare participants quickly and securely.

By integrating advanced digital infrastructure, standards, privacy protections and enabling real-time data sharing, Health Connect Australia will support multidisciplinary collaboration across care settings. As a key enabler of the National Digital Health Strategy 2023–2028 and the National Healthcare Interoperability Plan 2023–2028, it ensures secure, connected digital solutions that improve access, efficiency and care quality, paving the way for a smarter, more integrated future in digital health.

Case study: Australia's National Digital Health Strategy

A global leader setting the standard for digital health transformation

Australia's vision for a digitally connected and healthier future has received global recognition, with the National Digital Health Strategy 2023–2028 ranked number one in an international study by Sweden's Uppsala University. This independent, scholarly review compared the digital health strategies of 9 countries and considered factors such as vision, objectives, methods of implementation and follow-up protocols.

Agency CEO Amanda Cattermole PSM hailed the achievement as a testament to Australia's commitment and leadership in digital health. "It is an honour to have the National Digital Health Strategy's vision of an inclusive, sustainable and healthier future for all Australians through a connected and digitally enabled health system acknowledged in this way." She credited the result to the collaborative effort of the entire digital health sector, including stakeholders from all levels of government.

Chief Program Officer Paul Creech PSM highlighted the seamless integration of the strategy with Australia's broader national health and digitalisation goals. The Delivery Roadmap – with its clear objectives, timelines and responsibilities – was especially commended by international researchers as a model of clarity and accountability.

Australia's digital health strategy is not just a plan; it is delivering real outcomes. Recent advances include upgrades to the **my health** app, making it easier for consumers to access and manage their health information, as well as improved connectivity across the healthcare sector, including allied health professionals and broader care teams. Notably, the new share by default legislation is set to further enhance timely information sharing for healthcare professionals and consumers alike.

By leading the way with a transformative, collaborative and measurable approach, Australia's National Digital Health Strategy is shaping a healthier and more connected future for all Australians and earning global recognition in the process. The Uppsala University study, published in *BMC Health Services Research*, praised Australia's action-oriented approach and commitment to innovation and evidence-based practice. The strategy's focus on consumer involvement, preventive healthcare, telemedicine, consistent standards and robust data analysis sets a high bar for digital health transformation worldwide.

Outlook for 2025–26 and beyond

Looking ahead, the Agency will focus on activities that make health information and services more connected, accessible and efficient. These efforts aim to support a more streamlined experience for Australians and healthcare providers alike, helping people engage more easily with their health and the system that supports it.

The Agency's key activities in 2025–26 will centre on 3 interconnected focus areas, each playing a vital role in progressing the goal of digitally connected healthcare:

- drive information sharing
- accelerate digitally connected healthcare
- deliver national digital health infrastructure.

Driving information sharing

A continuing priority for 2025–26 is to strengthen the value of My Health Record as a tool that supports both the health workforce and the broader community. Our work is focused on reducing inefficiencies such as duplication and unnecessary hospital admissions, while also improving health and digital literacy, particularly among vulnerable groups and those in remote areas. These efforts aim to give Australians greater confidence and control in managing their health.

my health app: The Agency has developed a roadmap for **my health** app enhancements for 2025–26 and beyond, supporting the broader Strengthening Medicare agenda and National Digital Health Strategy health outcomes. The vision is to create a user-centred integrated 'digital front door' for accessing key health information and services for Australians, with the roadmap continuously informed by user feedback and demand.

Improving information in My Health Record: With sharing by default coming into effect for pathology and diagnostic imaging reports, the Agency is focused on ensuring timely, consistent uploads to My Health Record. This includes supporting healthcare providers and vendors with conformance, connection and education, and helping individuals and care teams access more complete, up-to-date clinical information while maintaining strong privacy protections.

Allied health: To support the government's commitment to Strengthening Medicare, the Agency will continue to work with the allied health sector to enable and support allied health practitioner engagement with My Health Record. This will be achieved through targeted support for software vendors to integrate their products and, through education, awareness-building and registration-support activities with practitioners themselves.

Aged care: The Agency's Aged Care Program will continue to support residential aged care providers to register for My Health Record to improve the sharing of information and help uplift digital systems in the residential aged care sector. The aged care transfer summary via My Health Record captures and enables the transfer of key clinical information for residential aged care residents as they move from aged care facilities to hospitals or other healthcare settings. The Agency will also continue work with software developers to encourage and support aged care clinical information system conformance with the broader digital health system to drive interoperability across the whole sector.

Streamlining of Implementation for Conformance and Connection (SLICC): The Agency is committed to simplifying the software developer journey for connections and conformance to reduce administrative burden, duplication of effort and timeframes for completion. It will do this through the Developer Portal, which will act

as a 2-way developer engagement and support channel, and will also implement organisational changes to rationalise and harmonise the delivery of connections and conformance services.

Accelerate digitally connected healthcare

Digital connectivity is reshaping how health information flows across the system, making it easier for Australians to engage with their care and for healthcare professionals to collaborate effectively. By improving the availability and quality of data, healthcare can become safer, more coordinated and responsive to people's needs. Strengthening digital connections will help create a more proactive, personalised and efficient healthcare experience for everyone.

Connected care: The Agency is leading efforts to build a connected healthcare system that enables real-time data exchange and seamless collaboration across the sector. Central to this is the implementation of the *Connecting Australian Healthcare – National Healthcare Interoperability Plan*, which outlines 44 coordinated actions across 5 priority areas: identity, standards, information sharing, innovation and benefits. This work supports national and state digital health strategies and is stewarded by the Council for Connected Care, providing strategic advice and helping build trust in the integrity and use of shared health information.

Provider Connect Australia™: The Agency will continue to promote awareness and uptake of PCA™ to drive information sharing and improve connectivity, while reducing the administrative burden on healthcare providers. This includes supporting healthcare provider organisations to register for PCA™ and encouraging PCA™ uptake by business partners that will benefit from receiving timely updates from the providers.

Medicines safety: The Agency will continue to leverage digital technologies and initiatives to drive improvements in timely access to medicines, medicines information and quality use of medicines in line with the objectives of the National Medicines Policy. Electronic prescribing and RTPM – national digital health initiatives introduced to support the National Medicines Policy – are already making significant contributions to medicines safety through reducing the risk of dispensing errors and fraudulent alteration of prescriptions. The software industry will be supported to implement enhancements to the Active Script List, enabling consumer self-registration on mobile devices through mobile applications.

Empowering the healthcare workforce: The Agency continues to support the development of digital health capability across the health workforce through delivery of the Workforce Capability Action Plan. In partnership with the Australasian Institute of Digital Health and other stakeholders, this includes standard frameworks, tools and training to build digital skills across clinical settings. Foundational education is being embedded into health professional training, alongside delivery of clinical safety eLearning modules. Scoping is also underway for an online community platform to support collaboration, knowledge sharing and engagement across the sector.

Digital health standards: The Agency is strengthening Australia's digital health foundations through the Digital Health Standards Program, which supports consistent, interoperable data across the sector. Key products like the Standards Catalogue, Procurement Guidelines and National Clinical Terminology Service (NCTS) enable access to critical information. Training in standards such as FHIR® builds workforce capability, while collaboration with stakeholders ensures standards are fit-for-purpose. A new Standards Hub will centralise resources, governance and expert advice to support sector-wide adoption and innovation.

System enhancement: The Agency will digitise the Comprehensive Health Assessment Program (CHAP) tool to improve care for people with intellectual disability, using smartform technology that integrates seamlessly into clinical systems. New national infrastructure will support future smartform projects across government, reducing complexity and cost. We will continue to support aged care's digital transition through tools such as a

digital maturity framework and self-assessment pilot. Work will progress on improving healthcare identifier match rates and developing a 5-year roadmap for modern authentication, aligned with the Australian Government Digital Identity System.

Deliver national digital health infrastructure

Transforming national digital infrastructure remains a key priority. Continued investment will strengthen the sustainability of the health system by reducing duplication, easing pressure on the workforce and enabling better health outcomes. A modernised infrastructure will support more efficient service delivery, improve data sharing and lay the foundation for future innovation across the sector.

My Health Record on FHIR®: The Agency will implement a new FHIR®-based repository to enhance interoperability and enable real-time access to health data. This will replace the current National Repositories Service and support atomic data sharing through advanced APIs, reducing reliance on PDFs. The system will improve care coordination, support device integration and strengthen privacy and security. Enhanced analytics will inform policy and funding decisions, supporting more connected care for Australians, especially those with complex needs and in rural and remote communities.

Health Connect Australia: The Agency will deliver a secure, interoperable national health information exchange that enables seamless sharing of clinical data across care settings. This capability will support transitions of care, shared care journeys and consumer control of health information. Foundational capabilities will include a unified provider directory and secure authentication services. This work complements jurisdictional efforts and supports long-term government decision-making through a future state architecture and roadmap.

Service delivery: The Agency will modernise its service delivery model to support seamless digital health experiences for Australians and healthcare providers. This includes implementing Systems Integration (SI) and Service Integration and Management (SIAM) to coordinate multi-vendor environments and ensure end-to-end service delivery. Advanced technologies will enable real-time system monitoring and performance management, strengthen security and ensure reliable access to health information whenever and wherever it is needed.

Case study: How digital health tools helped a family navigate a rare diagnosis

When their young son was diagnosed with a rare blood disorder, the Kirklands turned to digital health tools to provide them with the clarity, confidence and information they needed.

When Tim and Jeannie Kirkland's son Oskar was diagnosed with a rare blood disorder at just 2 years old, they began a 7-year journey through the Australian health system. Oskar has immune thrombocytopenia (ITP), a condition that causes unusually low platelet counts and can result in severe bruising and bleeding. While the initial prognosis was reassuring – most childhood cases of ITP resolve within weeks – Oskar's condition didn't follow the typical path.

"Weeks passed and he was still getting irregular bruising in soft spots you wouldn't expect to see under his eyes and on his belly and back," Jeannie says. Blood tests revealed consistently low platelets, which are essential for blood clotting.

Oskar's treatment included regular blood tests – at times daily – as well as steroid courses and, eventually, immunoglobulin therapy when he was flown to Perth after falling and hitting his head. The Kirklands coordinated care across multiple providers and locations, regularly making the 7-hour drive from Kalgoorlie to Perth with Oskar and their 3 other children for what was often just a 20-minute specialist appointment.

They juggled hospital stays, test results, different pathology services, prescriptions and follow-ups with multiple specialists, who frequently couldn't access previous test results from other providers and needed Oskar to endure repeat testing.

Tim says: “Doctors love data and so they were always wanting to do more tests on Oskar – they’ve got a case they’re trying to solve.”

Tim and Jeannie became concerned about subjecting their little boy to so many tests, some of which were invasive, while also wanting the best possible care for him.

This changed when their GP suggested they make use of My Health Record to access Oskar’s key health information in one place. They could now better track Oskar’s health and were more easily able to show doctors a record of test results to reduce the need to have them done again. Access to My Health Record and, in particular, the test results, gave Oskar’s parents the opportunity to review his results and be informed of early warning signs that could be a red flag for changes in his health.

This information proved even more useful for Oskar’s parents when the family moved from Western Australia to Tasmania in 2023.

“It was a huge benefit to move to Tasmania, find a GP here, and be able to say, ‘Here’s everything that’s happened in the last 5 years’,” Tim says. “It was just really, really great to have all that history and information in one place.”

A family in control

Oskar turns 9 this year and his condition has stabilised. Jeannie says: “He’s just thriving. He’s such an amazing little kid.”

His dad agrees. “From the age of 2, he’s just taken it in his stride,” Tim says. “From time to time he’ll talk about his ‘dodgy blood’, but he does all the things that a boy his age would do: he plays soccer, rides his bike and this year he’s started running. It doesn’t limit anything he does but we keep an eye on him and are aware this might be something that’s with him for the rest of his life.”

Tim is grateful that all 4 of their kids will have access to their own complete and accurate health record when they grow up and leave the nest. “It’s really great for their future,” Tim says. “They’ll have their whole medical history available to them.”

Jeannie, a nurse by training, also likes the reassurance of knowing Oskar’s records are accessible when they travel as a family, with the **my health** app installed on their phones. “On holidays, we like knowing that no matter where we go, if we need to, we can access that history,” she says. “It’s very empowering.”

This article first appeared in *The Guardian* on 1 July 2025.

Part 2. Performance

Information about this part

This part highlights the Australian Digital Health Agency's performance in achieving its purpose and is divided into 3 sections:

1. the Agency's 2024–25 **annual performance statements** as required by the PGPA Act
2. a report on the Agency's delivery of its annual national digital work program
3. My Health Record System Operator reporting requirements under the *My Health Records Act 2012*.

Annual performance statements 2024–25

Statement of preparation by accountable authority

On behalf of the Board, I present the 2024–25 annual performance statements of the Australian Digital Health Agency, as required under paragraph 39(1)(a) of the PGPA Act. In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of the Agency and comply with subsection 39(2) of the PGPA Act.

Lyn McGrath
Chair
28 August 2025

Performance targets from the Portfolio Budget Statements 2024–25

This section reports on the Agency's 2024–25 results against the performance measures and supporting annual targets published in the Health and Aged Care Portfolio Budget Statements 2024–25 (PBS) in May 2024, and in the Agency's Corporate Plan 2024–25 in August 2024. The targets tie performance to 3 strategic areas of focus:

- driving information sharing
- improving connectivity and advancing real-time data exchange
- modernising infrastructure.

An analysis of performance is provided below for each 2024–25 target. Of the 11 targets, 8 were met or exceeded.

In addition to these specific performance outcomes, the Agency has also successfully delivered a range of other initiatives outlined in the Agency Work Plan (an attachment to the Corporate Plan). Performance against the Work Plan is provided in Section 2.

Driving information sharing

Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services		
2024–25 target and source	**Performance result**	**Analysis**
1. Increased use of strategically significant Agency products Source: *PBS p. 180* *Corporate Plan p. 32*	Target partially met	This target comprised 5 sub-targets, 4 of which were exceeded: • 10% increase in consumer use of My Health Record • 15% increase in provider use of My Health Record • 300,000 onboarded users to **my health** app with marketing campaign • 20% increase in electronic prescribing. One sub-target was partially met: • 5,000 clinics and 50 partner services onboarded to Provider Connect Australia™.
• 10% increase in consumer use of My Health Record	Sub-target met	Consumer participation in My Health Record grew over 2024–25, achieving a 47.6% increase and surpassing the target by 37%. Use* / 2023–24 / 2024–25 / Difference / % increase Uploads / 30,581 / 33,163 / 2,582 / 8.44% Views / 88,700,928 / 130,962,717 / 42,261,789 / 47.65% Total / 88,731,509 / 130,995,880 / 42,264,371 / 47.63% ***Use** is defined as a consumer uploading to or viewing their My Health Record in the last 12 months.* This result reflects a sustained upward trend in engagement with My Health Record. By 30 June 2025, there were 130,962,717 million record views, up from 88,700,928 million at 30 June 2024. The most notable increase in viewing activity has been among consumers aged 30–39, with steady growth also observed across all age groups except those under 20, driven primarily by a significant rise in the volume of pathology results that are available in the system for consumers to view, the result of the incoming share by default policy, which is focusing first on the pathology and diagnostic imaging sectors. The sustained integration of My Health Record with healthcare providers – including hospitals and general practitioners – has further streamlined access and updates to health records, contributing to continued growth in consumer engagement.
• 15% increase in provider use of My Health Record	Sub-target met	Adoption of My Health Record continued over 2024–25, with the growth rate of 23.9% exceeding the 15% use target by nearly 9%: Use* / 2023–24 / 2024–25 / Difference / % increase Uploads / 360,156,780 / 435,478,548 / 75,321,768 / 20.91% Views / 109,847,693 / 146,642,915 / 36,795,222 / 33.50% Total / 470,004,473 / 582,121,463 / 112,116,990 / 23.85% ***Use** is defined as a provider uploading to or viewing My Health Record in the last 12 months.* Throughout 2024–25, targeted awareness and adoption activities continued to drive increased participation in the My Health Record system, particularly across the aged care and allied health sectors. These efforts emphasised the system's value in streamlining information sharing, supporting coordinated care and enhancing clinical decision-making. Tailored resources and support materials

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2024–25 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td></td><td></td><td>were developed to align with the specific workflows and needs of these provider groups, making integration into everyday practice more accessible and effective.

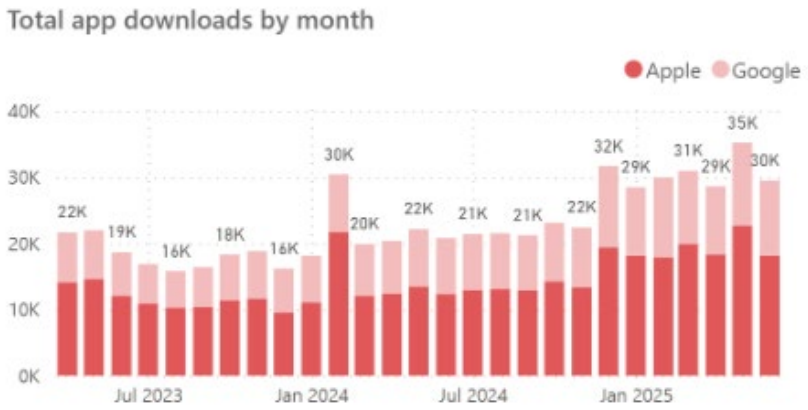
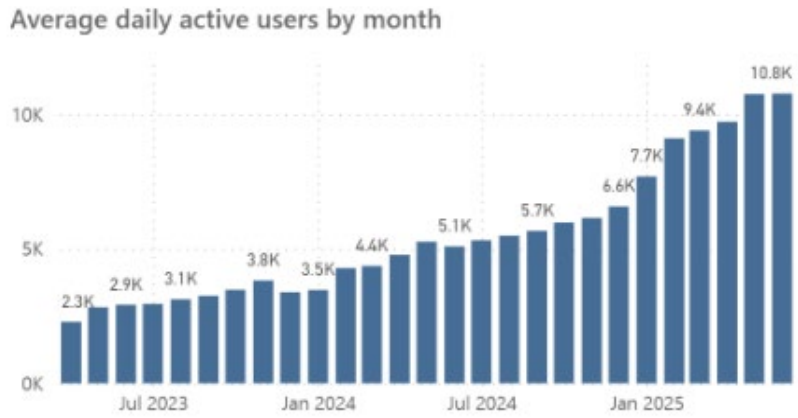
The Agency also engaged proactively with pathology and diagnostic imaging providers regarding the new share by default mandate. Throughout 2024–25, 144 organisations (4 pathology and 140 diagnostic imaging) registered for My Health Record, a 46% increase compared to 2023–24. The Agency also supported numerous larger providers who were already registered but had been uploading a limited volume of records to start sharing by default in anticipation of the mandate.

With test and scan results being shared with My Health Record in significantly larger numbers, clinicians are also viewing information more frequently. This is giving them access to critical health information that might not otherwise be available in their own organisation’s health records.</td></tr>
<tr><td>• 300,000 onboarded users to my health app with marketing campaign</td><td>Sub-target met</td><td>The my health app continued its strong momentum in 2024–25, with the addition of 417,969 onboarded users, well outperforming the 300,000 target:

<table><tr><th>Onboarded users*</th><th>Target</th><th>Actual</th></tr><tr><td>my health app</td><td>300,000</td><td>417,969</td></tr></table>*Onboarded users refers to individuals who have downloaded the my health app that have successfully completed the app's onboarding process. These users are considered ready and able to actively use the app to view and manage their health information.

Now in its third year (after launching on 28 February 2023), my health app continues to support increased consumer use, driven by ongoing technological enhancements and the introduction of new features – including electronic prescribing – in December 2024. This update allowed users to:
• store and manage electronic prescriptions directly within the app
• add those prescriptions sent via SMS to the app, including barcodes for dispensing
• link or delink an Active Script List (a digital list of current prescriptions), once registered with a pharmacy
• update their organ donor status
• add, view and edit emergency contact information.

Together, these features marked a significant step forward in giving Australians greater control over their health information in one secure, convenient place. To build on this momentum, communications activity in highly relevant contextual environments such as pharmacies and doctors’ surgeries has been implemented since December 2024 to drive both downloads and active daily use of the app. This activity aligned with a steady rise in downloads, climbing to a peak of 35,190 in May 2025.</td></tr>
</table>

Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services		
2024–25 target and source	**Performance result**	**Analysis**
		 The activity has also contributed to average daily active users, having steadily increased month-on-month – peaking at 10,774.1 in June 2025 – reflecting growing engagement with the **my health** app. 
• 20% increase in electronic prescribing	Sub-target met	The Agency significantly outperformed the 20% target, with a 29.8% increase in the volume of electronic prescriptions used to supply PBS/RPBS medicines to consumers in 2024–25. **Dispense of medicines to consumers** / **2023–24** / **2024–25** / **% increase** TOTAL PBS/RPBS electronic prescriptions / 57,901,980 / 75,180,361 / 29.83% Over 2024–25, the Agency implemented initiatives to accelerate the adoption of electronic prescribing and drive the dispensing of prescriptions, including: • providing technical support to the medical software industry to expedite development and testing against the latest electronic prescribing conformance profiles • in collaboration with clinical and consumer peak bodies, coordinating and delivering change and adoption and education activities

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2024–25 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td></td><td></td><td>• actively managing electronic prescribing ecosystem stakeholder groups including hosting a Peaks and Partners Forum for industry partners, clinical peaks and clinicians to discuss any development related issues.

By 30 June 2025, over 360 million electronic prescriptions had been issued since Australia's first electronic prescription was issued on 6 May 2020, marking the beginning of a nationwide rollout of electronic prescribing as a secure and convenient alternative to paper prescriptions.</td></tr>
<tr><td>• 5,000 clinics and 50 business partner services onboarded to Provider Connect Australia™</td><td>Sub-target partially met</td><td>Provider Connect Australia™ (PCA™) continued to expand its reach in 2024–25, with 4,011 healthcare clinics and 41 business partner services using this product. While these figures reflect strong ongoing interest, they fell short of annual targets:
<table><tr><th>Onboarded users*</th><th>Target</th><th>Actual</th></tr><tr><td>Healthcare clinics</td><td>5,000</td><td>4,011</td></tr><tr><td>Business partner services</td><td>50</td><td>41</td></tr></table>PCA™ delivers the greatest value when both healthcare providers and their business partners are actively engaged, amplifying the connectedness of the digital health ecosystem by ensuring all health providers' information is up to date and accurate across multiple platforms. However, with lower adoption and uptake, the benefits are not fully realised.

To support broader adoption and reach new segments of the healthcare sector, the Agency deepened its engagement throughout 2024–25 – particularly with allied health professionals and their partners and primary health networks. This approach led to the onboarding of 6,303 individual practitioners across the 4,011 clinics.

Although the annual target of onboarding 50 business partners was not fully met, the platform gained strong momentum through strategic collaboration with healthcare peak bodies and direct engagement with providers and with partners, which included primary health networks, healthcare directories and healthcare technology companies. The successful deployment of PCA™ Release 25.1 on 23 May 2025 marked a significant milestone, focusing on simplifying the registration process for healthcare provider organisations to support continued uptake. The release also enhanced flexibility for business partners in managing the information they receive and improved alignment with the National Health Services Directory (a comprehensive national database of healthcare services and practitioners), further improving the quality of information being shared with the healthcare ecosystem.</td></tr>
<tr><td>2. Agency products for consumers meeting or exceeding the planned availability target of 99.9%:
• National Consumer Portal
• my health app</td><td>Target met</td><td>Both Agency consumer products met the planned availability target:
<table><tr><th>Product</th><th>Target</th><th>Actual</th></tr><tr><td>National Consumer Portal</td><td>99.9%</td><td>99.9%</td></tr><tr><td>my health app</td><td>99.9%</td><td>99.9%</td></tr></table>This reflects the effectiveness of efforts to analyse historical incidents and identify systemic issues impacting performance and then apply tools and resource</td></tr>
</table>

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2024–25 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td>Source:
PBS p. 180
Corporate Plan p. 33</td><td></td><td>allocation to the insight areas. These results also reflect the focus on Service Integration and Management (SIAM) practices over the last year.</td></tr>
<tr><td>3. Achieve a ‘positive’ evaluation (>0.8) of user experience of the My Health Record web portal, my health app and electronic prescribing as measured by methodology established in 2022–23

Source:
PBS p. 180
Corporate Plan p. 33</td><td>Target met</td><td>Over 2024–25, user experience scores for the my health app (1.0) and electronic prescriptions (1.6) achieved a ‘positive’ rating (>0.8), while the My Health Record web portal (0.8) received a ‘neutral’ rating (>−0.8 and <0.8).
<table><tr><th>Product</th><th>Target</th><th>Actual</th></tr><tr><td>My Health Record web portal</td><td>>0.8</td><td>0.8</td></tr><tr><td>my health app</td><td>>0.8</td><td>1.0</td></tr><tr><td>Electronic prescribing</td><td>>0.8</td><td>1.6</td></tr></table>
Electronic prescribing continued to perform strongly in 2024–25, reflecting its role in providing Australians with convenient and quick access to their prescriptions. The my health app also maintained its ‘positive’ rating from last year, demonstrating its ability to keep pace with consumer expectations through continual improvements. For My Health Record, a UEQ score of 0.8 indicates a moderately positive user experience, reflecting that users found the system usable and functional, with room for improvement.</td></tr>
<tr><td>4. 20,000 participants in digital health literacy and awareness related education events and training courses.

Source:
PBS p. 180
Corporate Plan p. 33</td><td>Target met</td><td>Over 2024–25, a total of 74,339 people participated in digital health literacy and awareness-related education events and training courses — almost 4 times more than the annual target of 20,000 participants.
<table><tr><th>Workforce education</th><th>Target</th><th>Actual</th></tr><tr><td>Digital health literacy and awareness related education events</td><td>20,000 participants</td><td>74,339 participants</td></tr></table>
The training comprised:
• 28,206 healthcare module completions (online learning)
• 16,414 consumer module views
• 843 webinar/face-to-face attendees
• 15,153 webinar views (number of times viewed)
• 2,209 podcast listeners
• 11,514 animation views.
Strong engagement and delivery can in part be attributed to an increase in the number of external organisations hosting the Agency’s eLearning content on their own learning management system platforms. The Agency now has arrangements in place with 41 health sector organisations, some of which have mandated completion of courses.

Stakeholder feedback included:

‘It was beyond helpful and the information was easily digestible. Looking forward to sharing this with my PHN team to share with our Western Sydney medical clinics to then share with our Aboriginal & Torres Strait Islander communities.’</td></tr>
</table>

<table>
<tr><th colspan="3">Infrastructure solutions and initiatives provide access to and promote adoption of secure digital health services</th></tr>
<tr><th>2024–25 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td></td><td></td><td>‘The content covered the questions I had to complete my own understanding of the topic and I feel very confident now in delivering this to others.’</td></tr>
<tr><td>5. Improved digital health security awareness in the digital health sector through:
1,300 participants in digital health security awareness webinars
training of 60 Cyber Champions
1,000 new enrolments in the Digital Health Security Awareness eLearning course.
Source:
PBS p. 180
Corporate Plan p. 33</td><td>Target met</td><td>The Agency exceeded its 2024–25 target to strengthen cybersecurity awareness across the health sector:<table><tr><th>Digital health security awareness activity</th><th>Target</th><th>Actual</th></tr><tr><td>Webinar participants</td><td>1,300</td><td>1,452</td></tr><tr><td>Training of Cyber Champions</td><td>60</td><td>69</td></tr><tr><td>Enrolments in eLearning</td><td>1,000</td><td>2,695</td></tr></table>These results reflect the effectiveness of our multi-channel approach to cybersecurity education, with initiatives resulting in strong sector-wide engagement with digital health security:
Over 1,450 participants attending digital health security awareness webinars, providing practical guidance on emerging threats and best practice and mitigation strategies in clinical and administrative settings.
The training of 69 Cyber Champions, equipping key personnel across the sector to advocate for and implement strong security practices within their organisations.
Achieved double the target, with 2,695 new enrolments in the Digital Health Security Awareness eLearning course, supporting ongoing professional development and sector-wide uplift in cyber resilience.</td></tr>
<tr><td>6. Deliver and publish an annual clinical governance performance report, designed to monitor and improve clinical governance support for national digital health projects and programs.

Source:
PBS p. 180
Corporate Plan p. 33</td><td>Target met</td><td>The Agency delivered and published the annual Clinical Governance Performance Report, providing a comprehensive overview of the activities undertaken to monitor and improve clinical governance support for national digital health projects and programs.</td></tr>
</table>

Improving connectivity and advancing real-time data exchange

Digital health interoperability available to healthcare providers and consumers that improves how people use digital healthcare information

2024–25 target and source	Performance result	Analysis
7. 80% of residential aged care homes registered for My Health Record. Source: *PBS p. 181* *Corporate Plan p. 33*	Target partially met	By 30 June 2025, 43% of residential aged care homes had registered for My Health Record, representing partial achievement of the 80% target. Residential Aged Care: 2023–24: 37%; 2024–25: 43%; % increase: 6% Connecting residential aged care to My Health Record is the first step in connecting aged care residents to the healthcare system in a seamless and digital way, contributing and supporting recommendation 68 (universal adoption of My Health Record in aged care) of the Royal Commission into Aged Care Quality and Safety. The project acknowledges that the aged care sector is a continually evolving landscape, marked by the closure and reopening of homes under established organisations. To support increased adoption, a number of targeted initiatives have been introduced. These include tailored registration assistance aligned with the organisational structures of aged care providers, and improved education and training resources to build digital capability across the workforce. The Agency is also working closely with the sector to promote the use of digital tools that support clinical handover, such as the Residential Care Transfer Summary documents (previously known as the Aged Care Transfer Summary documents) available in My Health Record. These efforts are designed to reduce barriers to uptake of digital tools, highlight the practical benefits of connected care and help embed My Health Record into routine practice, ultimately driving broader adoption and improving continuity of care for older Australians.
8. 10% increase in meaningful use annually compared to prior year. Source: *PBS p. 181* *Corporate Plan p. 33*	Target met	Meaningful use of My Health Record grew 47% over 2024–25, more than 4 times the 10% target. In raw numbers, this increase amounts to an average of over 135K records viewed by multiple providers per month from the start of 2024–25, compared to 94K per month the previous financial year. My Health Record: Meaningful use (per 1,000 population): 2023–24: 3.8; 2024–25: 5.6; % increase: 47% The meaningful use index measures how connected care teams are to consumers' My Health Records, by counting how many different healthcare provider organisations interact with each record per month. It aims to demonstrate how the Agency facilitates digital health interoperability between healthcare providers and consumers to improve how people use healthcare information. Meaningful use estimates the proportion of Australians who have multiple healthcare providers interacting with their record by counting the number of unique Healthcare Provider Identifier – Organisations (HPI-Os) that access each consumer record per month. By standardising the rate per 1,000 Australian resident population, the metric is robust and interpretable within the context of

Digital health interoperability available to healthcare providers and consumers that improves how people use digital healthcare information		
2024–25 target and source	**Performance result**	**Analysis**
		population health reporting and can be applied to any jurisdiction or area to better understand how My Health Record is used across Australia. An increase in meaningful use indicates more consumers are having their records used by different provider organisations, such as GP clinics, hospitals, allied health and pharmacies, among other healthcare providers, meaning better access to information for care teams.
9. Undertake an interoperability survey in key healthcare settings and compare progress since the baseline survey undertaken in 2022. Source: *PBS p. 181* *Corporate Plan p. 33*	Target met	Data collection for the 2025 survey concluded in June 2025, and these results have been compared to the 2022 baseline to measure progress. Therefore, the target is considered met. Further analysis incorporating the 2025 survey results and other inputs will continue to be undertaken during 2025–26, and resulting insights will be used to facilitate improvements in the interoperability of the systems used by healthcare providers to improve the visibility and connectivity of health information, reduce the burden on providers and support better health outcomes for Australians. Note: The 2022 Interoperability Benchmark Survey results were published on the Agency's website and the 2025 results will be published in the same location. The 2025 Interoperability Report reveals that while some professions and settings are using digital systems more than in 2022 to search for, send or receive clinical information, a lingering reliance on paper or manual methods continues to negatively impact clinical workflows.

Modernising infrastructure

Ensure digital health services, systems and products are sustainable and cost effective		
2024–25 target and source	**Performance result**	**Analysis**
10. Maintain 2024–25 partnership value index. Source: *PBS p. 182* *Corporate Plan p. 34*	Target met	The partnership value index (the Index), established in 2022–23, was maintained in 2024–25 and serves as a metric for assessing partner performance and value in relation to high-value contracts, to drive value for money over a sustained period of time. The Index offered insights into the overall impact of strategic partnerships, confirming strengths in partners' understanding of the Agency's objectives and their contractual obligations, quality of service and identified areas for improvement in contract performance, cost-effectiveness, relationship management and thought leadership. Over 2024–25, the Agency conducted staggered reviews of each of its strategic partners. By measuring particular aspects of partner engagement – including on-time delivery, cost optimisation, quality, responsiveness and innovation – the Agency was able to assess the contributions and effectiveness of partners within our collaborative framework. The Index will undergo iterative refinement in upcoming reporting periods, as ongoing reviews identify performance information that provide new perspectives on the health of strategic partnerships.

<table>
<tr><th colspan="3">Ensure digital health services, systems and products are sustainable and cost effective</th></tr>
<tr><th>2024–25 target and source</th><th>Performance result</th><th>Analysis</th></tr>
<tr><td>11. Conduct a 10% increase in train the trainer sessions and capacity building workshops compared to prior year, with a 90% approval rating.

Source:
PBS p. 182
Corporate Plan p. 34</td><td>Target partially met</td><td>Over 2024–25, the Agency conducted an ongoing series of train-the-trainer sessions and capacity-building workshops for Primary Health Networks (PHNs) and other stakeholders. As the number of sessions in 2023–24 was 50, the target for 2024–25 was 55. The Agency delivered 27 sessions, so fell short of the target by 28. The sessions had an approval rating of 92.4%, exceeding the approval rating minimum of 90%.
<table>
<tr><th>Workforce education</th><th>Target</th><th>Actual</th></tr>
<tr><td>Train-the-trainer sessions and capacity-building workshops</td><td>55 sessions/workshops</td><td>27 session/workshops</td></tr>
<tr><td>Approval rating</td><td>90%</td><td>92.4%</td></tr>
</table>
The participation of PHNs in the train-the-trainer program has been highly successful, with a total of 10 sessions delivered across 5 key digital health topics:
● My Health Record
● electronic prescriptions / Active Script List
● my health app
● My Health Record in aged care
● Electronic National Residential Medication Chart (eNRMC).
In 2023–24, the 50 train-the-trainer and capacity-building workshops reached 301 participants. For 2024–25, the Agency changed its approach and, while it did not meet the target number of sessions, the new approach has enabled us to reach 729 trainers, compared with last year’s 301.
The sessions averaged 27 participants each and were interactive and engaging, enabling PHN educators to gain tailored, in-depth knowledge on each topic to support their ongoing education efforts with healthcare professionals across their regions.
The Agency also maintained a monthly PHN Collaborative Community of Practice, which featured content-enrichment sessions aimed at enhancing training delivery and deepening understanding of digital health initiatives. These sessions provided a space for knowledge sharing, emphasising interactive discussions, practical hands-on learning and expert-led insights.</td></tr>
</table>

Priorities from the Corporate Plan 2024–25

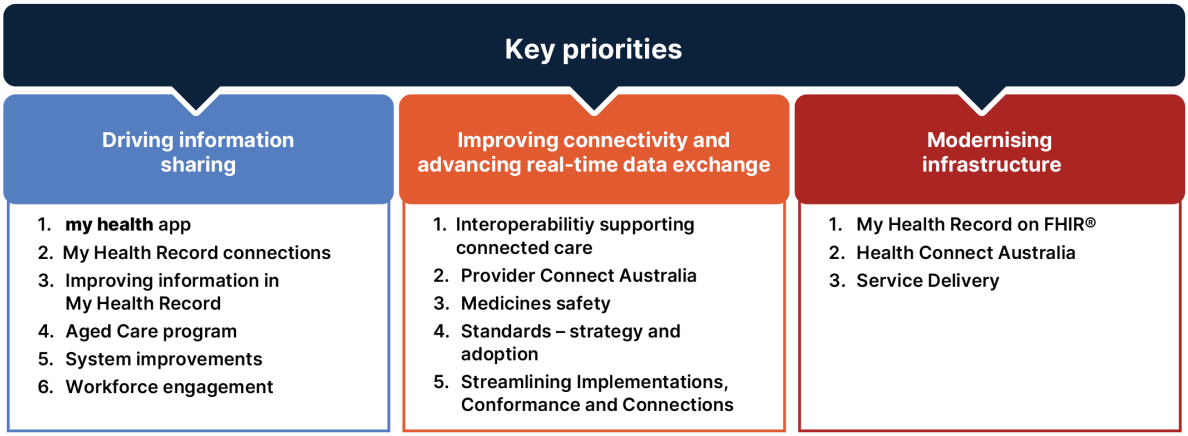
The targets in the 2024–25 Portfolio Budget Statements and Agency Corporate Plan, covering all the critical activities within our digital health remit, give a broad perspective of the Agency's performance but do not complete the performance story. The Agency is one of only a handful of Commonwealth entities with a statutory obligation to also produce an annual work plan.[6] The effect is to put that work plan at the centre of any performance discussion in conjunction with all other priorities.

This section of the performance report highlights the delivery of key priorities in the work plan published in Section 2.5 of the Agency's Corporate Plan 2024–25.

Key priorities

Just as performance targets are aligned to 3 principal areas of focus, the key priorities consist of a series of activities clustered under the same priority areas:

- driving information sharing
- improving connectivity and advancing real-time data exchange
- modernising infrastructure.



In support of measuring the Agency's performance in 2024–25, each program is assessed in terms of key areas of activity for the year and the results produced, followed by a synoptic analysis of factors contributing to those results. This approach shows how each work program priority area furthers the Agency's purpose.

Driving information sharing

The first focus is on facilitating the flow of health information. That is a foundational priority for the Agency, as it underpins safer, more effective and more coordinated healthcare. When critical health data is accessible at the point of care, clinicians can make more accurate diagnoses, intervene earlier and deliver care that reflects a complete picture of an individual's health. This not only improves outcomes but also empowers people to

[6] Under Section 70 of the Agency Rule, the Agency's Board 'must prepare a national digital health work program for each financial year'.

actively participate in their health decisions. To drive this transformation, the Agency has identified 6 key areas of work that will strengthen information sharing across the health system.

Case study: Digital health technology helps make health equity in Australia a reality

Digital tools supporting accessible healthcare

In 2007 Patrick Dillon became a quadriplegic. But this proud Ugarapul man and Brisbane-based father maintains his independence and manages his health with the support of a multi-disciplinary care team and digital health technology.

Dillon's life changed when he struck his head underwater after swinging from a rope into the Dawson River in Central Queensland. "I knew immediately something was wrong," he says. "I couldn't move my arms or legs underwater. Then I swallowed water and drowned."

Dillon was left with multiple spinal fractures and despite intensive rehabilitation, his future was shaping up to be different to the one he had envisioned. "I was always active and independent," he said. "I played lots of footy and pretty much lived outdoors. The biggest frustration was not being able to do the things I used to be able to."

Since his accident, Dillon has embraced technology to support his independence and coordinate his care team. "My Health Record and **my health** app have been game changers for my care team. Having access to the same information means each of them can see when I last had prescriptions dispensed, my upcoming appointments or any other information that helps them plan."

While Dillon's injuries are the result of an accident, he's all too aware of the chronic health conditions that can impact First Nations communities.

Supporting equitable healthcare

Aboriginal and Torres Strait Islander peoples experience significant disparities in the availability and accessibility of healthcare. Aboriginal Medical Services (AMS), well established in a number of locations across the country, provide culturally safe, holistic care to Aboriginal and Torres Strait Islander communities. Now, digital tools can support AMS and empower people in these communities by making key health care information accessible.

"The technology is getting better every day," Dillon says. "I can see a real benefit in My Health Record and **my health** app for people in my community who are suffering chronic illness.

"I've found that having direct access to my key health data makes me feel more informed. It makes me feel more independent and I don't have to repeat myself and go through my medical history every time I see a new doctor."

This article first appeared in *The Guardian* on 8 September 2025.

1. **my health** app

The **my health** app is a secure and convenient way to access My Health Record in the palm of your hand. The app allows consumers to view key health information that their healthcare providers or representatives have uploaded to My Health Record. Launched on 28 February 2023, the app enables Australians to easily view all the health information available in their record and share this information with their healthcare providers, streamlining communication and care coordination. The app offers a number of practical benefits:

- allows seamless access to medical history information and documents, such as Aged Care Support plans
- empowers users to understand and manage their healthcare information, driving better health outcomes and improving health literacy
- allows sharing of test results and vaccination records, with the ability to download and store immunisation statements in a PDF and digital wallet version
- provides a convenient way to find and book health services such as general practice, pharmacy, pathology providers and other health services
- empowers users to make a choice and easily manage their electronic prescriptions individually or access a consolidated list of active scripts
- facilitates the shift from traditional to modern medicine, where healthcare providers and consumers work in partnership to guide healthcare decisions
- enables users to easily update important information, such as emergency contacts, and manage their personal health summary.

This year also marked a significant evolution in the app's capabilities, with several new features enhancing its utility and user experience. Achievements included:

- **Enhanced functionality:** A major update in late 2024 introduced the ability to **store and manage electronic prescriptions** directly within the app, making it easier for users to keep track of their medications – especially while travelling.
- **Emergency readiness**: The app now supports access to **diagnostic imaging and pathology reports**, empowering both consumers and clinicians with critical health information during emergencies.
- **User-centred design**: The app's interface was refreshed and tested with diverse consumer groups, ensuring it remains intuitive and inclusive, particularly for users managing chronic or complex health conditions.
- **Medicines management**: Users can now manually add or edit medicines, allergies and adverse reactions; and link or delink their Active Script List (ASL) once registered with a pharmacy.

These enhancements have not only improved the app's functionality but also contributed to its growing popularity and sustained engagement across Australia. The following figures highlight the continued momentum and reach of **my health**:

- **Strong momentum**: Over 2024–25, the platform recorded 324,039 downloads.
- **Total reach:** As of 30 June 2025, the cumulative number of **my health** downloads stands at 666,349.
- **Active users:** On the same date, there were 417,969 onboarded users actively engaging with the platform, with approximately 7,702 active users each day.

Analysis of factors contributing to results

Positive factors	Challenges
● The intuitive design of **my health** and its seamless integration with the My Health Record system have reduced barriers to use, encouraging more people to regularly access and update their health information. ● **my health** provides Australians with an overview of their medical conditions, empowering them to store and manage electronic prescriptions individually or in a consolidated list of their active scripts. ● It enables Australians to manage and update their emergency information and personal health summary, which includes medicines, allergies and adverse reactions.	● Hurdles with linking My Health Record with myGov have been the most commonly reported barrier in completing the **my health** app onboarding. ● Some health information, such as pathology test results, is not available immediately.

2. My Health Record connections

The Agency continues to improve sharing and use of clinical information within My Health Record. In 2024–25, the focus was on connecting residential aged care homes and pathology and diagnostic imaging providers. A significant number of private specialist practices were registered, increasing the number of clinical systems connected to My Health Record. Activities have commenced to connect the allied health sector to My Health Record through the allied health industry offer.

In 2024–25, the Agency:

- continued to register private specialists to My Health Record, with 54% of specialists now registered
- registered 180 residential aged care homes with My Health Record, bringing the total registered to 43%
- continued to support a further 150 residential aged care providers (operating 778 residential aged care homes) through the stages of My Health Record registration, with completion anticipated in 2025–26
- registered 144 pathology and diagnostic imaging providers to My Health Record
- continued to support 333 diagnostic imaging clinics in sharing information with My Health Record.

In response to the Strengthening Medicare Taskforce, the Agency continued its partnership with the Department of Health, Disability and Ageing and with Allied Health Professions Australia (AHPA) to deliver a national Allied Health Program (established in 2023–24) to improve digital capability and strengthen engagement with My Health Record and other digital tools. Work to date includes, but is not limited to:

- establishing the allied health industry offer to support 16 software vendors to conform with My Health Record and electronic prescribing system requirements

- facilitating a series of Fast Healthcare Interoperability Resources® (FHIR®) education and codesign workshops with allied health associations and all vendors participating in the industry offer
- working with CSIRO and AHPA to better understand the clinical terminology allied health providers use to ensure they are able to access and use consistent language in digital systems
- partnering with the Department of Health, Disability and Ageing to develop the National Allied Health Digital Uplift Plan, which was available for public consultation across June and July 2025.

Analysis of factors contributing to results

Positive factors	Challenges
● The *Modernising My Health Record (Sharing by Default) Act 2025* received royal assent in February 2025. This has resulted in an increase in pathology and diagnostic imaging providers connecting with My Health Record and has improved the sharing and accessibility of clinical information to provide person-centred, holistic care. ● Work has commenced to improve My Health Record registration with residential aged care providers to improve connection and vendor experience. This will be achieved through tailored training and education for the aged care sector. ● Through the Agency's industry offer, allied health software vendors will connect with My Health Record, with connection pathways defined through co-design sessions in relation to Clinical Document Architecture (CDA™) and FHIR®.	● The aged care sector continues to navigate a complex landscape of challenges, including legislative changes, regulatory expectations, workforce limitations and competing operational demands. Without a formal requirement to adopt the Agency's initiatives, many providers view these digital enhancements as beneficial but not essential, which has impacted uptake and prioritisation. ● The allied health sector includes 300,000 healthcare professionals spanning 55 distinct professions. The varying levels of digital maturity and digital health literacy across this sector have led to varying levels of engagement and adoption of digital health products and challenges for connecting the sector to My Health Record that will need to be carefully worked through. ● The complexity and level of investment to meet CDA™ and FHIR® requirements, although it will bring a significant improvement to digital healthcare, also requires significant investment and discipline across the sector.

Case study: Empowering allied health through digital transformation

Delivering digital health innovation for Australia's allied health workforce

In an era marked by rapid advances in healthcare, digital health presents an exciting and empowering opportunity for Australia's allied health practitioners. As essential providers of holistic care delivering over 200 million services annually, allied health professionals are uniquely positioned to harness the benefits of digital innovation. Embracing new technologies offers the chance to enhance collaboration, streamline workflows and deliver even more effective, person-centred care. In turn, this opens doors for greater integration within the health system, enabling practitioners to expand their impact and remain at the cutting edge of healthcare delivery across the nation.

However, many in this workforce have faced considerable barriers in accessing core digital health infrastructure, including My Health Record and electronic prescribing platforms. This digital divide was highlighted in the 2022 Strengthening Medicare Taskforce Report, which called for urgent measures to bridge gaps in digital access for allied health.

Recognising the scale and significance of allied health, the Agency initiated a nationwide program to accelerate digital innovation and elevate care quality for more than 300,000 allied health practitioners through the Allied Health Industry Offer in September 2024. The ambitious strategy focused on increasing digital adoption and capability across the sector across fields such as dietetics, exercise physiology, occupational therapy, speech therapy, psychology and more.

Insights from the Agency's Allied Health Digital Transformation Survey Report (February 2025), developed in partnership with Allied Health Professions Australia (AHPA), helped shape this initiative. The survey garnered

the largest and most diverse response ever from allied health practitioners, revealing a clear demand for digital solutions.

AHPA CEO Bronwyn Morris-Donovan highlighted the path forward: “Fit-for-purpose, conformant clinical information systems is an essential infrastructure enabler identified in the survey. This investment into software vendors is a necessary first step towards enabling allied health professionals to access and use digital products such as My Health Record and electronic prescribing.”

The Agency convened an information session to bring software vendors together with specialists in solution architecture, clinical safety, interoperability and electronic prescribing. Vendors are now developing solution design documents, benefiting from tailored support to ensure their products meet compliance standards and are user-friendly.

Through targeted investment in software development and digital infrastructure, the Agency is laying the groundwork for allied health professionals to seamlessly access and contribute to digital health records. This forward-thinking approach not only addresses immediate challenges but also builds a robust foundation for integrated, person-centred care, ensuring that Australia’s allied health workforce remains at the forefront of healthcare innovation.

My Health Record

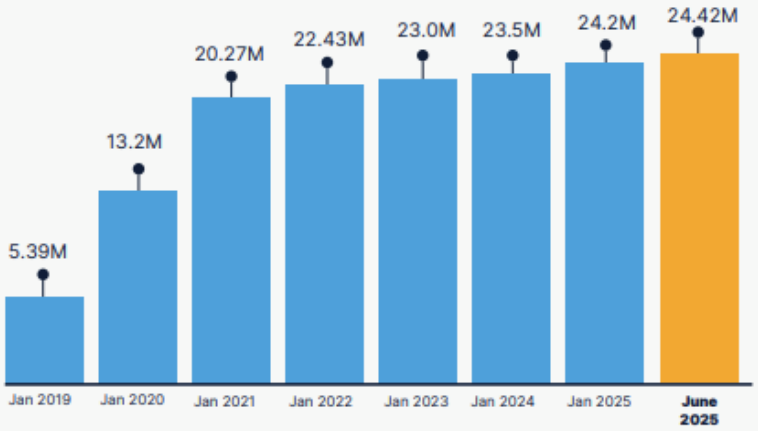
The **Big** picture

June 2025

Over

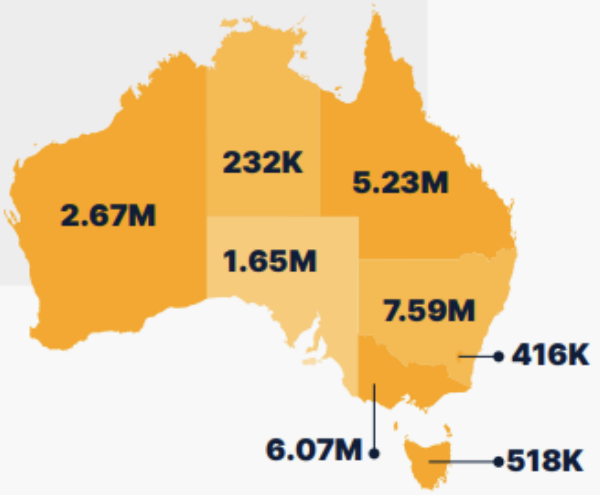
24.4M

total **My Health Records**



Records

by state



More than

24M records

have data in them

What is **inside**?

There are over

1.8 Billion

documents in the system that have been uploaded by **consumers** or **healthcare providers**.

Clinical Documents

754M

uploaded by a healthcare provider like hospitals, pathologists and increasingly specialists.

Medicine Documents

1.088B

uploaded by healthcare providers like pharmacists and GPs.

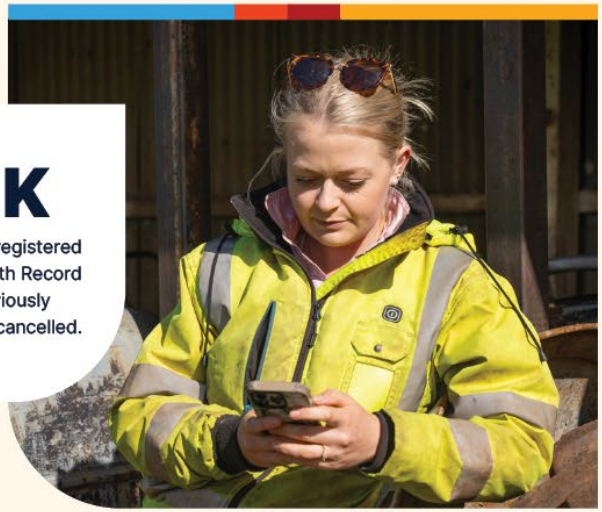
Consumer Documents

575K

uploaded by people.

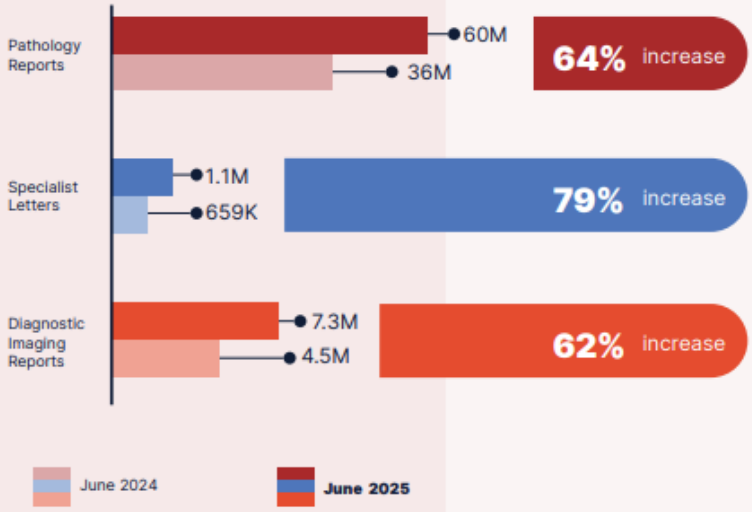
421K

people have registered for a My Health Record who had previously opted out or cancelled.

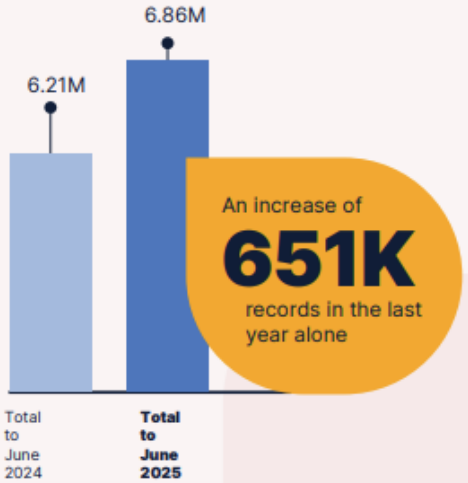


How are **people** using it?

Increased views since last year



How **many records** have been viewed?



This month more than

29K

people checked who had accessed their record.

Australians trust My Health Record to keep their health information secure and can decide which healthcare providers can view their record.

What about
security and **privacy?**

Over **62K**

people have placed advanced access controls in their records.

How much are people **looking** at their information?

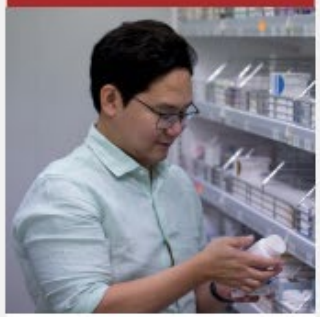
How are **Healthcare providers** using it?

GP

99% of GPs are now registered

99% have used My Health Record

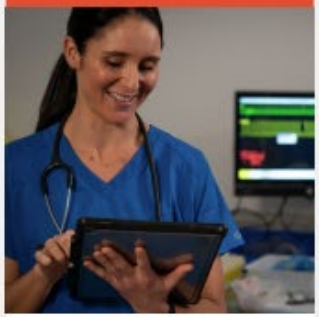
Pharmacy



99% of pharmacies are now registered

99% have used My Health Record

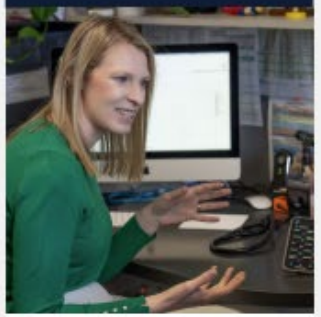
Public Hospital



97% of public hospitals are now registered

95% have used My Health Record

Specialist



64% of specialists are now registered

37% have used My Health Record

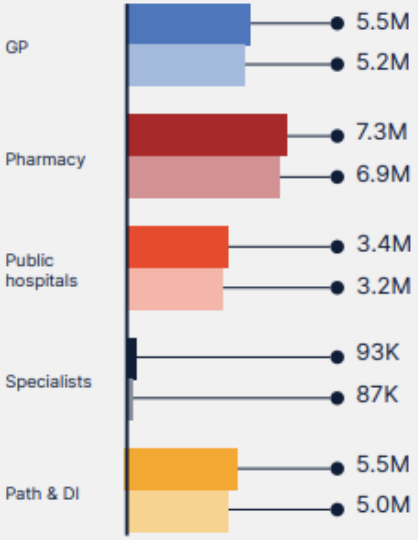
Aged Care

45% of aged care are now registered

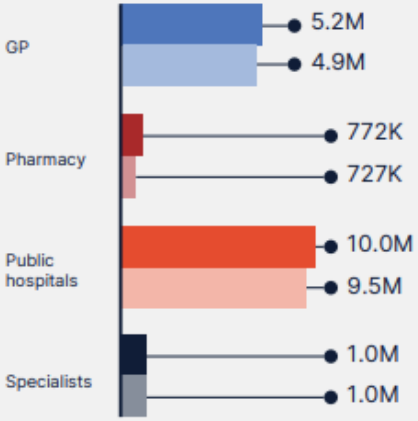
12% have used My Health Record

How are
Healthcare providers using these documents?

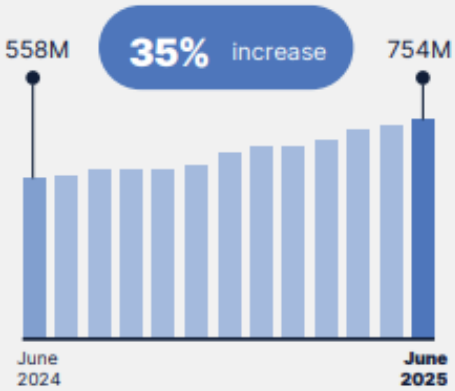
Healthcare providers **uploaded** documents that were **looked at by other** healthcare provider organisations



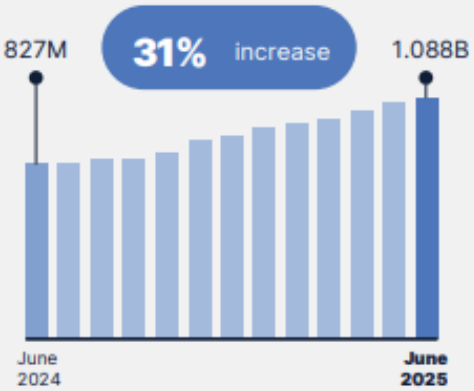
Healthcare providers **looked at** documents that were **uploaded by other** healthcare provider organisations



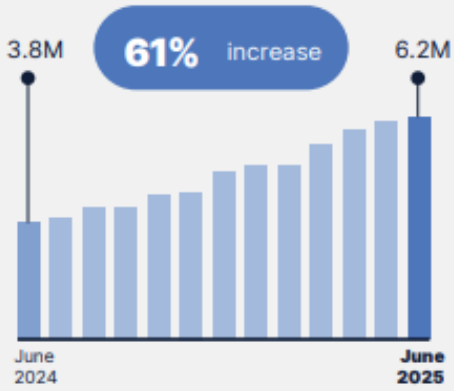
Volume of **clinical documents** uploaded



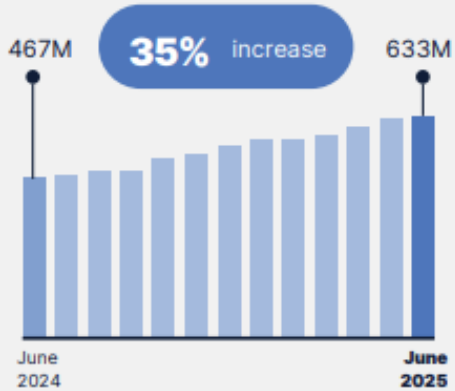
Volume of **medicine documents** uploaded



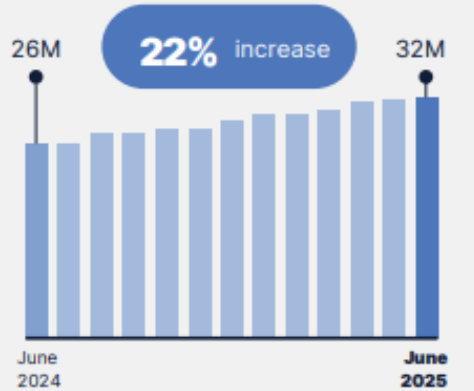
Volume of **specialist letters** uploaded



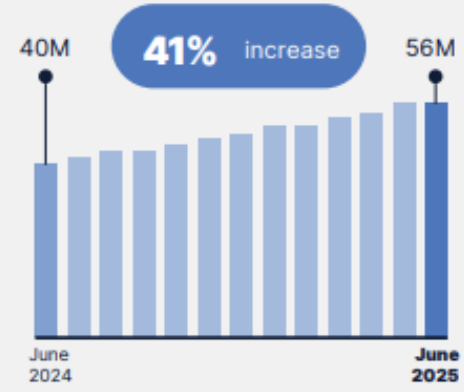
Volume of **pathology reports** uploaded



Volume of **discharge summaries** uploaded



Volume of **diagnostic imaging report** uploaded



Note: All values are cumulative totals as at each month.

My Health Record document volumes 2024–25 (all values have been rounded)

The following table shows the number of documents in My Health Record (by category) during 2024–25 and the change relative to 2023–24. It shows that the number of documents in My Health Record increased by 20% in 2024–25 and now totals over 7 billion, with more than 1.2 billion uploaded by either healthcare providers or consumers over 2024–25. This growth was driven in part by the government mandate to upload diagnostic imaging and pathology reports, which together added over 200 million documents – pathology reports rose by 36% to over 633 million, and diagnostic imaging reports grew by 41% to nearly 57 million. Prescription and dispense records also saw a 31% increase, rising from approximately 827 million to over 1.08 billion. Specialist letters and eReferral notes recorded strong gains of 61% and 172% respectively, pointing to strengthened continuity of care and more streamlined referral processes. On the consumer side, advance care documents rose by 36%, reflecting increased engagement in end-of-life planning.

Document volumes include uploads from Medicare, healthcare providers and consumers. These figures may also be influenced by document amendments or removals, so changes in volume may not exactly match the number of uploads over the same period.

Document category/name	At 30 June 2024	At 30 June 2025	Growth
Clinical	**558.491M**	**754.798M**	**35%**
Diagnostic Imaging Report	40.249M	56.889M	41%
Discharge Summary	26.509M	32.464M	22%
Event Summary	7.133M	9.968M	40%
Goals of Care	11.255K	18.827K	67%
Pathology Report	467.197M	633.291M	36%
Pharmacist Shared Medicines List	918.238K	1.244M	36%
Shared Health Summary	12.607M	14.684M	16%
Specialist Letter	3.866M	6.237M	61%
eReferral Note	475	1,291	172%
Consumer	**524.709K**	**575.11K**	**10%**
Advance Care Directive Custodian Report	46.459K	51.081K	10%
Advance Care Documents	21.12K	28.769K	36%
Child Parent Questionnaire	10.623K	10.587K	0%
Consumer Entered Health Summary	353.725K	387.817K	10%
Consumer Entered Notes	80.804K	84.387K	4%
Personal Health Achievement	1.722K	1.787K	4%
Personal Health Observation	10.256K	10.682K	4%
Medicare	**4.695B**	**5.453B**	**16%**
Australian Immunisation Register	20.445M	20.919M	2%

Document category/name	At 30 June 2024	At 30 June 2025	Growth
Australian Organ Donor Register	3.105M	3.309M	7%
Medicare DVA Benefits Report	2.768B	3.221B	16%
Pharmaceutical Benefits Report	1.904B	2.207B	16%
Prescription and Dispense Record	**827.475M**	**1.088B**	**31%**
Dispense Record	524.823M	701.965M	34%
Prescription Record	302.652M	386.146M	28%
All documents	**6.081B**	**7.296B**	**20%**

B = billion, M = million, K = thousand.

Healthcare provider views

The table below highlights the healthcare providers with the highest, second highest and third highest views by healthcare provider.

Top 10 Provider Views

View Type	GPs	Pharmacies	Public Hospitals	Private Hospitals	Pathology & Diagnostic Imaging	Specialists
Prescription & Dispense View	6,258,131	1,312,951	8,060,969	347,322	20,407	3,039,681
Pathology Report View	6,472,749	102,558	7,717,039	352,302	21,214	3,005,573
Diagnostic Imaging View	5,857,764	6,561	7,381,520	345,248	102,303	2,838,796
Medicines View	1,305,277	197,873	16,057,398	257,762	19,777	257,956
Medicare Overview	1,640,561	61,299	10,950,055	387,699	16,043	258,452
Australian Immunisation Register	4,801,332	1,150	2,083,157	91,961	4,946	2,491,048
Dispense Record	1,002,682	83,618	5,285,259	36,848	17,121	661,785
Health Record Overview	316,135	287,322	8,167,192	258,787	15,125	245,301
Pathology Report	3,115,795	147,952	3,408,606	48,372	46,483	497,202
Prescription Record	626,599	47,337	3,364,929	56,172	13,221	384,573
Individual Details View	219,163	88,629	5,994,866	84,087	411	48,010

Highest number of views
2nd highest
3rd highest

3. Improving information in My Health Record

Enhanced My Health Record features are driven by one of the key priorities – driving information sharing – to support Australians and improve health outcomes and efficiency for healthcare providers.

The system now integrates better with mobile technologies, making it easier for Australians to access their health information on the go. Users can access their medical history – including lab results, immunisations, medication records and medical conditions – in one convenient place. Having access to this information helps people take control of their health, fosters improved communication with healthcare providers and ensures timely and well-informed care decisions. Additionally, the new features enable users to share their health records with healthcare providers and authorised staff in residential aged care, which can be crucial during an emergency. This enhances patient outcomes, reduces time, increases health literacy and facilitates a more patient-centred approach to healthcare.

In February 2025, legislation was passed that compels certain healthcare providers to share information with My Health Record by default. Pathology and diagnostic imaging providers will be the first healthcare providers required to share test results to My Health Record. This means that Australians with a My Health Record will have access to more of their diagnostic-related health information than ever before.

Targeted, quality-focused enhancements have lifted the utility and functionality of My Health Record:

- In June 2025, SA Health became the first organisation in Australia to upload machine-readable versions of pathology reports to My Health Record, alongside the PDF versions of those reports.
- Machine-readable test result information is structured, atomic and, in most cases, encoded using standard clinical terminologies like LOINC.
- Uploading information in this fashion helps ensure a high level of data quality.
- It also provides a better user experience for consumers and clinicians, as it requires fewer clicks to reach the information they are seeking.
- In the future, the presence of structured, coded pathology information in My Health Record will create opportunities for connecting clinical systems to manipulate and add value to that data, for example by visualising result trends over time.
- The Agency is working with WA Health to support its efforts to become the next provider to upload structured pathology reports to My Health Record.
- My Health Record integrates with MyMedicare to enable healthcare providers, healthcare recipients and their representatives to view the registered preferred GP through My Health Record and **my health** app. It aims to formalise the relationship between patients, their general practice, general practitioner and primary care teams.
- The My Health Record system and the underlying infrastructure have been enhanced over the course of iterative performance reviews to ensure stability. This is in response to the expected increased uptake of **my health** once the mandatory upload of pathology and diagnostic data begins.
- The COVID-19 Dashboard was decommissioned after Services Australia discontinued the COVID-19 statement. This was replaced with an immunisation statement, which only contained COVID-19 and influenza information. As a result, My Health Record was enhanced and the Medical Conditions view was introduced to provide convenient access to information related to medical conditions for healthcare providers, healthcare recipients and their representatives in one place.
- A better user experience has been implemented when switching between myGov and My Health Record; users no longer need to always log in through myGov.

- My Health Record integrates with myGov to send My Health Record messages through the myGov digital inbox. This allows healthcare recipients and representatives to receive and read messages in a secure and convenient manner.

Analysis of factors contributing to results

Positive factors	Challenges
● Throughout 2024–25, targeted awareness and adoption activities among healthcare professionals – particularly in key sectors such as aged care, allied health and medical specialists – have driven increased participation in the My Health Record system. The Agency implemented comprehensive training programs, workshops and informational campaigns to educate these professionals on the benefits and functionalities of My Health Record. By highlighting how the system can streamline patient information sharing, improve care coordination and enhance clinical decision-making, these initiatives fostered a greater understanding and appreciation of My Health Record among healthcare providers. ● Many of the larger pathology and diagnostic imaging providers are now sharing by default to My Health Record (ahead of the mandate coming into effect), significantly increasing the volume of records available to consumers. ● Ongoing education activities with healthcare providers and key stakeholders, including consumer peak organisations, have deepened knowledge of My Health Record, including growing the understanding of the increased availability of pathology and diagnostic imaging reports. ● The app boosted consumer engagement by providing more convenient access to health information on mobile devices. ● The continued integration of My Health Record with healthcare providers, such as hospitals and general practitioners, also streamlined the process of patients accessing and updating health records and is another likely contributor to consumer use.	● WA Health is poised to become the second organisation to upload structured pathology content to My Health Record, but some delays in their integration work prevented them from going live in 2024–25. ● Delays in testing at both WA Health and SA Health have meant that structured pathology uploads are expected to commence in early 2025–26 rather than late 2024–25. ● Registration, conformance and connection processes can be lengthy. ● Hurdles with linking My Health Record with myGov have been the most commonly reported barrier in completing the My Health Record/**my health** app onboarding. Approximately 25% of potential users fail to complete the workflow.

4. Aged Care Program

The Aged Care Program, which prioritises several recommendations of the Royal Commission into Aged Care Quality and Safety, continues to:

- support older Australians to receive better connected care enabled by My Health Record
- build digital capability and proficiency in the care sector.

In 2024–25, the Agency embarked on several initiatives to connect older Australians to the My Health Record system.

- **Integration of Aged Care Support Plans into My Health Record:** In December 2024, a new capability was introduced allowing older Australians' Aged Care Support Plans (a summary of a person's situation, strengths, goals and aged care needs and recommendations, which arises from an assessment) to be securely shared within My Health Record. Within the first week, 5,195 records were accessible, and between launch and 30 June 2025, there were 132,797 uploaded. This integration enables healthcare providers to access a more complete picture of a person's aged care needs, goals and approved services, supporting more personalised and coordinated care. The initiative is designed to improve continuity across care settings, particularly during transitions, and aligns with broader efforts to strengthen digital connectivity in aged care. The Agency worked closely with assessors, providers and system developers to ensure the process is streamlined and privacy-protected, reinforcing the commitment to safer, more responsive care delivery.
- **Connectivity with My Health Record:** The Agency continued to support residential aged care homes to register with My Health Record, facilitating the secure and efficient sharing of essential health information among all healthcare providers involved in a resident's care. As of 30 June 2025, the Agency had connected 43% of residential aged care homes and all multipurpose services. Registration was supported through collaboration with Primary Health Networks, direct engagement with aged care providers, presentations at stakeholder forums and targeted advocacy with software vendors. As more aged care software systems become conformant with My Health Record, during 2025–26 the Agency anticipates a significant acceleration in the registration of residential aged care homes, contributing to improved continuity of care for residents and enhanced digital connectivity nationwide.
- **Aged Care Clinical Information System Standards:** The Agency and the Department of Health, Disability and Ageing published the first Aged Care Clinical Information System Standards in August 2024. These standards define the minimum software requirements for clinical information systems and electronic medication management systems used in aged care. The Standards aim to improve safety, quality and interoperability across the sector, ensuring systems are compatible with My Health Record and supporting seamless information sharing between aged care facilities, hospitals, general practices and pharmacies.
- **Advance care planning discovery:** The Agency conducted discovery work, in collaboration with the Department of Health, Disability and Ageing and in consultation with national stakeholders, to determine how advance care planning could be strengthened nationally. Extensive consultations with stakeholders were conducted from September 2024 to June 2025 to inform the development of future state recommendations for consideration of government. Once finalised, the report will include a series of targeted recommendations to improve advance care planning. Specifically, these recommendations aim to ensure people's treatment preferences are readily accessible at the point of care, enhance care coordination, enable timely and informed clinical decision-making, reduce associated risks and deliver cost efficiencies.
- **Aged care education and training:** The Agency completed an environmental scan of Commonwealth aged care education resources. This work identified key gaps and opportunities for better coordination and development of training resources to support the engagement and use of digital health technologies — particularly to strengthen information sharing to improve consumer experience and enhance care outcomes. On 6 June 2025, the Agency invited 12 software vendors to join a Product Demonstration Platform trial in which the Agency will work with vendors to create practical training resources. Eight vendors confirmed their

participation by 26 June 2025, and work is underway to produce the education and training material. This trial will continue until 19 December 2025.

- **Residential care transfer summary documents and industry offer for software conformance:** Residential care transfer summary documents (previously known as the aged care transfer summary) are stored in My Health Record. This allows residential aged care homes to upload into and access clinical documents from My Health Record, to support transitions of care from residential aged care to acute care settings. The Agency is working with 13 software vendors to ensure their systems conform with the Healthcare Identifiers Service and My Health Record system requirements, including the residential care transfer summary documents. One vendor has deployed the enhanced functionality to its users, with 7 vendors expected to deploy by October 2025 and the remaining 5 vendors deploying by March 2026.
- **Business to government:** The Agency continues to collaborate with the Department of Health, Disability and Ageing to implement Royal Commission into Aged Care Quality and Safety Recommendation 109. This includes the development of the aged care business to government (B2G) gateway system to facilitate efficient information exchange between residential aged care homes and the government. The Agency has established and is implementing the Conformance Assessment Scheme to ensure the safe and secure use of the B2G gateway system by participating software vendors.

Analysis of factors contributing to results

Positive factors	Challenges
● Registration of residential aged care homes with My Health Record has increased through more targeted and tailored engagement and adoption initiatives delivered by the Agency, including working closely with Primary Health Networks to promote My Health Record adoption, supporting registration, collaborating with software developers, advancing standards development and delivering system enhancements.	● The aged care sector continues to navigate a complex landscape of challenges, including legislative changes, regulatory expectations, workforce limitations and competing operational demands. Without a formal requirement to adopt the Agency's initiatives, many providers view these digital enhancements as beneficial but not essential, which has impacted uptake and prioritisation.

5. System improvements

Strategic partnerships with government entities, the software industry and peak clinical bodies to improve connectivity across the healthcare system continued to be a priority for 2024–25, including:

- **Healthcare Identifiers Service:** The HI Service ensures accurate matching of records to individuals in the healthcare system. This national system assigns unique identifiers to individuals, healthcare professionals and organisations, allowing seamless access to critical health data at the point of care. The service includes 3 types of healthcare identifiers: Individual Healthcare Identifiers (IHIs) for individuals, Healthcare Provider Identifiers – Individual (HPI-Is) for healthcare professionals, and Healthcare Provider Identifiers – Organisation (HPI-Os) for healthcare organisations. Standardised identifiers play a vital role in maintaining data integrity and enabling informed decisions across different platforms, ultimately contributing to cohesive patient care.
- **National Authentication Service for Health (NASH):** NASH is a critical component of Australia's digital health infrastructure, facilitating secure access and exchange of health information among healthcare providers and supporting organisations. By providing public key infrastructure (PKI) certificates, NASH enables authorised

organisations to access the My Health Record system, digitally sign documents and encrypt health data for secure communication. It thereby helps to protect patient privacy and allows seamless integration and interoperability between different health services, enhancing overall care delivery and coordination.

- **Healthcare Information Provider Service (HIPS):** HIPS is a middleware solution that bridges the gap between hospital patient administration systems, clinical information systems and My Health Record. The solution is used extensively in public and private hospitals and in pathology and diagnostic settings. HIPS facilitates the upload of clinical content to My Health Record and contains functions that enable healthcare professionals to view that patient information in their clinical setting. Presently, the viewing capability is delivered through the HIPS user interface, which is often embedded in clinical information systems, and through HIPS Mobile, designed for anywhere, anytime mobility.
- **Comprehensive Health Assessment Program (CHAP):** This is a collaborative effort with the Department of Health, Disability and Ageing to digitise the paper-based health assessment tool known as the Comprehensive Health Assessment Program (CHAP) and get it integrated into GP clinical information systems. CHAP is a 2-part questionnaire designed to identify and address unmet health needs among people with intellectual disabilities. Part 1 is completed by the individual or their care team and provided to the GP, who in turn completes Part 2. Usage of CHAP has been clinically proven to improve health outcomes for people with intellectual disability, and making Part 2 more accessible and easier for GPs to complete is expected to increase uptake.

During 2024–25, the Agency continued to strengthen the security and usability of the **HI Service** by supporting the sector-wide adoption of NASH SHA-2 PKI certificates. Following the successful transition in the previous year, the Agency completed the decommissioning of SHA-1 access from healthcare provider organisations to both the HI Service and the My Health Record system, further enhancing protection against cyber threats.

The Agency also managed the rollout of a new **NASH** SHA-2 OCA certificate to ensure that new or renewed NASH PKI certificates that are issued to healthcare organisations can continue to access the HI Service, My Health Record and the National Prescription Delivery Service without disruption.

In 2024–25, the Agency engaged software developers on proposed new and updated conformance requirements to enable integration of the previous year's HI Service enhancements into clinical systems, which will make it easier for healthcare providers to find identifiers for their patients. As part of its ongoing modernisation efforts, the Agency developed a draft FHIR® implementation guide to support future work on a proposed FHIR® interface. It also completed 2-way mapping between SNOMED codes and existing HI Service classifications and consulted on appropriate HPI-O structures for healthcare service delivery locations, an essential requirement for Health Connect Australia. Additionally, the Agency completed discovery work to inform recommendations on making the HI Service a digital identity attribute provider. Several new releases of the HIPS product were delivered, continuing to strengthen its security and functionality. These include updates to HIPS 8.3.1, **HIPS** Mobile 3.1 and the HIPS Document Authoring Adapter, which supports the creation and upload of specialist letters to My Health Record. Development progressed on a new HIPS adapter to enable the upload of structured pathology reports, and the co-design of a modern clinical viewer is underway, with both initiatives scheduled for release in the next reporting period.

The Agency has advanced the **CHAP** Integration Project and is nearing completion of the solution. The design and testing included extensive consultation with GPs, nurse practitioners, carers, and people with an intellectual disability, as well as collaboration with stakeholders such as CSIRO; the Department of Health, Disability and Ageing; and clinical information system providers. The digitised CHAP solution will be a smart form based on the SMART on FHIR® technical standard. This approach enables easier integration of the CHAP questionnaire into clinical information systems. It will also enable an improved user experience for GPs, as it supports features such as the pre-population of select data into the CHAP questionnaire and the writeback of newly entered information

into the underlying patient record. As part of the overall solution, the Agency is standing up new national technical infrastructure, including a web app, an app download service, a forms download service and a clinical terminology service. In addition to enabling the CHAP Integration Project, this national infrastructure has been designed to support the delivery of other smart form-based projects in the future.

Analysis of factors contributing to results

Positive factors	Challenges
● CSIRO is delivering 2 projects similar to the CHAP Integration Project, based on the same technical standards, and this has enabled significant economies in development work across the 3 projects. ● The CHAP Integration Project is aligning with the data standards emerging from the Sparked Australian Data for Clinical Interoperability project, which will help facilitate adoption of the CHAP solution by clinical information system providers. ● The HI Service is a mature, stable product that continues to do its job reliably within its current scope. Legislative changes are progressing that will expand the use of healthcare identifiers to fully realise their potential benefits. ● The Agency is collaborating with the Department of Health, Disability and Ageing to develop a provider authentication strategy that will utilise the Australian Government Digital ID System and replace NASH with a more modern and easy to use authentication system that supports modern standards such as OIDC and OAuth 2.0. ● The Agency's ability to leverage some foundational SMART on FHIR® work previously done by CSIRO, plus the technical community's enthusiasm for this standards-based approach, has assisted the solution design work for the CHAP Integration Project. ● Investment in the agile delivery of HIPS continues to ensure the Agency can be responsive to customer needs and maintain software currency. ● HIPS' modular design enables the Agency to introduce new features with reduced implementation effort by sites to adopt these features.	● The conversion from a paper-based tool to a digital tool has required more modifications to the CHAP content and structure than anticipated, which has extended the development timeline. ● The technology standards behind the HI Service are more than a decade old and are not ideally suited to work with modern standards such as FHIR®. Updates to the service will be required over the next few financial years to bring it up to date with modern standards. ● The decision to be more ambitious with the CHAP Integration Project, by standing up national digital infrastructure that will enable not just this project but other smartform projects as well, has introduced additional complexity and delayed some interim milestones, although the overall project timetable has not changed. ● Several HIPS customers are yet to upgrade to the most recent HIPS release. This results in sites being unable to use some HIPS features and impacts the Agency in achieving some of its program goals. This also results in additional support effort that could be avoided. Modernisation efforts over 2025–26 will seek to encourage sites to upgrade to the most recent version.

6. Workforce engagement

To build digital health capability across the health and care workforce, the Agency has collaborated with the Australasian Institute of Digital Health, the Digital Health CRC and educational sectors to deliver key priority actions in the National Digital Health Capability Action Plan (the CAP). The CAP sets out priority actions to equip Australia's health workforce with the appropriate support, tools and guidance to engage effectively with digitally enabled healthcare initiatives. The Agency is partnering with educational organisations and peaks to develop courses that will increase the digital health skills of the future health workforce by aligning content to provide work-ready digital skills. The Agency is also delivering new training modules for the current and future health workforce to support clinical safety for digital health. Further enhancements to the Digital Health Hub are underway to host information and materials for the digital health workforce.

The Agency is further strengthening digital health workforce capabilities through a collaborative approach with partners. This includes delivering train-the-trainer sessions and monthly communities of practice for PHNs, providing webinars and training to clinical peaks and co-developing educational resources and eLearning modules. Engagements with Aboriginal and Torres Strait Islander health organisations support culturally appropriate education, including in-person training. To broaden access, the Agency has established deed agreements with jurisdictions, clinical peaks and private organisations to host eLearning courses externally, with several courses being accredited or endorsed to meet standards for continuing professional development.

Significant progress has been made in enhancing the Connected Care education resources library to support interoperability and the use of healthcare identifiers. Updated resources were published early in the year, with ongoing development of new materials to address identified gaps. Key achievements throughout the year include the release of new educational content to support the HI Service. A standalone resource on healthcare identifiers and the HI Service was also launched in January 2025. These resources have been integrated into the Connected Care library, supporting a more informed and capable digital health workforce.

Achievements over 2024–25 include:

- development of an agreed list of core digital health topics for educators to support embedding digital health education into health degrees
- co-development of a digital health foundations pre-work placement course for nursing students
- co-development of a digital health literacy course for vocational education and training healthcare students
- co-design and development of a gamified/microskill digital health foundations course for the aged care workforce
- stakeholder engagement to inform development of courses on clinical safety in digital health
- delivery of train-the-trainer sessions on 5 digital health topics to all PHNs nationwide
- hosting and facilitation of monthly community of practice sessions to support PHN trainers with a collaborative approach to their digital health education delivery
- delivery of webinars and/or train-the-trainer sessions to clinical peaks
- delivery of eLearning modules hosted in the Agency Learning Management System as well as externally via deed agreements
- collaboration and review of several educational resources and eLearning modules for clinical peak bodies
- co-development of various education kits and material with the Aboriginal Health and Medical Research Council
- delivery of face-to-face education at the Annual Continuous Quality Improvement Forum of the Aboriginal Health and Medical Research Council
- new and updated resources published in the Connected Care library.

Analysis of factors contributing to results

Positive factors	Challenges
● Partnerships and collaboration with key trusted stakeholder organisations. ● Agreements in place with healthcare organisations to host eLearning modules. ● High quality eLearning products.	● Low levels of digital health readiness in some workforce sectors.

Case study: Accessible healthcare in one of Australia's largest – and most remote – regions

For pharmacist Hannah Mann, remote Australia is home. She calls herself a "product of successful student placements" and, for 20 years, she's been helping to supply medicines and other pharmaceutical services to people in northern Western Australia.

Based in Broome, Mann works with Aboriginal health services such as Kimberley Aboriginal Medical Service, a member-based Aboriginal community-controlled health organisation. Every day, she dispenses prescriptions and offers pharmaceutical advice for people with vastly differing needs and in varied cultural contexts.

"The big thing is the distance," she says. "The Kimberley is massive; our service looks after patients across an area twice the size of Victoria." The Kimberley covers 420,000 km^2 and Mann supports people in regional cities to residents of remote First Nations communities to visiting tourists.

"Just geographically, supplying medications and services over that distance is always going to be a challenge," she says. "That's why any form of digital solution is a step in the right direction for us. Any way we can make information available in real time to everyone involved in the care of a patient, we make it better and safer."

Digital tools break down barriers to better care

Mann started her career at a time when prescriptions and health records came via fax or in the post. Vital medical information could be lost, missed or simply not arrive in time. Now, digital tools such as My Health Record, **my health** app, electronic prescribing and the Active Script List allow health information to be stored securely online and accessed from anywhere.

"We upload something to My Health Record and the healthcare provider and the record's owner can see it straight away," Mann says. "It's confidential and it's private – and they can choose to share that information."

The impact this has on a region such as the Kimberley, she says, is significant. In tourist season, travellers frequently leave behind critical scripts and medical details, while remote patients rely on infrequent visits from specialists who don't always have up-to-date records. With digital health tools, these issues become a thing of the past. Safe, secure and centralised healthcare records also make it easier for remote Aboriginal and Torres Strait Islander communities to stay on Country and access culturally appropriate care.

"We know 'one size fits all' doesn't work for everyone," Mann says. "People and communities get left behind unless solutions are flexible enough to be adaptable to different communities, different patient cohorts, different settings."

For Mann and the healthcare providers with whom she talks every day, these digital tools are a step towards such a solution. Ultimately, she says, My Health Record, **my health** app, electronic prescriptions and the Active Script List help to improve the service she offers.

"I know that I'm making good clinical decisions," she says. "I know I'm supplying the patient with the correct medication, and I know that I'm doing my best because I actually have the current and relevant information I need to provide good care."

This article first appeared in *The Guardian* on 8 September 2025.

Improving connectivity and advancing real-time data exchange

Our second focus is digital connectivity, which transforms how health information flows – enabling faster, more coordinated care and seamless collaboration across the health system. Australians can engage more easily with their care, while healthcare professionals access meaningful data to support informed decisions. These advances pave the way for a more intuitive, efficient and person-centred healthcare experience. In 2024–25, the Agency continued to take significant steps in making this vision a reality.

There were 5 priorities in 2024–25 in this program of work.

1. Interoperability supporting connected care

The future of healthcare envisions a network of interconnected providers working together to enhance the experience and outcomes of Australian healthcare consumers. Interoperability is fundamental for this, ensuring that high-quality data is shared conveniently and seamlessly with the right people at the right time. Australians will have access to their health information when and where they want it, and healthcare providers will have timely information to improve clinical decision-making and reduce duplication.

The Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023–2028 – published in July 2023, is Australia's first nationally agreed pathway to a more connected healthcare system. The Interoperability Plan was developed following extensive consultations over more than 2 years and includes 10 principles, 5 priority areas and 44 actions. The Agency is the steward of the Interoperability Plan and responsible for delivering 40 of the 44 actions. At 30 June 2025, 55% of the actions in the Interoperability Plan have been completed.

The Agency has established the Council for Connected Care to support national implementation of the Interoperability Plan and provide strategic advice on matters related to connecting care. The council is chaired by the CEO of the Australian Commission on Safety and Quality in Health Care and comprises 37 leaders across the health and care continuum and digital health technology sector.

Milestones and developments during 2024–25 include:

Governance and progress reporting

- The council met 4 times in 2024–25, covering key themes:
    - 8 August 2024 – online meeting on annual report and review
    - 14 November 2024 – face-to-face meeting on aged care and older Australians
    - 25 February 2025 – face-to-face meeting on people experiencing health disadvantage
    - 12 June 2025 – face-to-face meeting on rural and remote and Aboriginal and Torres Strait Islander communities

- The Standards Advisory Group met 5 times in 2024–25, covering key themes:
  - 4 November 2024 – meeting on National Clinical Terminology Service adoption and mapping
  - 5 December 2024 – workshop to discuss intergovernmental collaboration on digital health standards
  - 17 February 2025 – meeting on Health Connect Australia and patient summaries
  - 26 March 2025 – meeting on the National Digital Health Strategy and Roadmap for digital health standards
  - 15 May 2025 – workshop on the National Terminology Mapping Library
- Quarterly progress reports were published on the Agency's website to promote transparency and collaboration.

Sharing resources in central locations

- Resource repositories including the Connected Care Library, Digital Health Standards Catalogue, Online Interoperability Toolkit, Digital Health Developer Portal and online forum capability to facilitate collaboration
- The Agency published:
  - the Conformance Framework in July 2024
  - the Aged Care Clinical Information System Standards in August 2024.

Implementing the National Healthcare Identifiers Roadmap to increase the adoption and use of national healthcare identifiers in health and care settings

- Work has commenced on 12 Healthcare Identifier Activities, with the remaining 8 on track to commence in 2025–26 or 2026–27 as planned.
- Legislation and policy changes are progressing under *Healthcare Identifiers Act 2010* (Cth) reform and the new *Aged Care Act 2024* (Cth), led by the Department of Health, Disability and Ageing.
- HI Service improvement activities are continuing to enhance data matching and accuracy.
- Updated conformance standards are on track for July 2025 completion.

Establishing a coordinated, collaborative and consistent approach to standards development and implementation through the Australian Digital Health Standards Advisory Group

- The FHIR® Accelerator program continues through Sparked, in partnership with CSIRO, HL7 Australia and the Department of Health, Disability and Ageing, supporting innovation and the accelerated implementation of standards.
- The Agency:
  - published the draft AU eRequesting FHIR® Implementation Guide
  - facilitated and participated in Connectathons to champion interoperability
  - established a successful national library of terminology to support interoperable health information exchange.

Harmonising interoperability requirements in procurement

- The Agency published the initial version of the Digital Health Procurement Guidelines in June 2024, and broad consultation is continuing as the guidelines are finalised.

Developing an information-sharing authorisation framework that includes active consent management

- The Health Connect Australia Strategy, Architecture and Roadmap were released in June 2025 to improve access to health information between healthcare participants quickly and securely.
- The Agency launched the Australian Core Framework for Interoperability (AU CFI) to guide national data exchange.

- The Health Provider Directory transitioned from Services Australia to the Agency.
- The *Modernising My Health Record (Sharing by Default) Act 2025* (Cth) was passed on 12 February 2025, mandating that health information is routinely shared to My Health Record.
- New **my health** app features included the ability to register preferred general practice providers and/or general practitioners, with future functionality planned to support multidisciplinary team management.
- The Agency completed a research study on consent management, informed by collaborative discussions and research across multiple work streams related to consent.
- A draft FHIR® Implementation Guide was developed to support Health Connect Australia.

Building the digital health capability of the workforce

- The Agency supported health sector workforce capability via the Capability Action Plan (CAP) 2024–2025 program and worked closely with the Australasian Institute of Digital Health, the Digital Health Cooperative Research Centre and the vocational education and training and higher education sectors to deliver priorities under the CAP.
- The Agency published interoperability education resources to enhance the Connected Care Library.
- FHIR® training courses are now available through the Agency.

Measuring digital maturity and publicly reporting on progress

- The Evidence & Evaluation workstream of the Global Digital Health Partnership (GDHP), in collaboration with the Interoperability workstream, developed a locally adapted GDHP Digital Health Maturity Model.
- Work is underway to deliver the mid-term interoperability survey, following the initial interoperability benchmark survey conducted in 2022.

Analysis of factors contributing to results

Positive factors	Challenges
● The Intergovernmental Agreement on National Digital Health 2023–2027 committed resourcing to implement actions across the life of the Interoperability Plan. ● The publication of the Interoperability Plan and roadmaps across key priority areas provides clear strategic guidance to the sector and strengthens national alignment and collaborative efforts. ● Quarterly progress reports provide a clear line of sight into the delivery of Interoperability Plan actions, reinforcing trust and engagement across the sector as momentum builds toward a more connected health system. ● The Council for Connected Care and the Standards Advisory Group foster wide-ranging stakeholder involvement and leadership at a strategic level.	● Maintaining the pace of effort needed to develop and implement required standards in support of the health system reform agenda. ● The Council for Connected Care is balancing the need to maintain effective and focused dialogue with the numbers of organisations wanting to join.

2. Provider Connect Australia™

Provider Connect Australia™ (PCA™) allows healthcare providers to update their business information in a single place. This improves accuracy of healthcare provider details, minimises duplication and streamlines notifications.

This reduction in administrative burden benefits both providers and consumers, ultimately contributing to a more efficient and reliable healthcare ecosystem.

Over 2024–25, the Agency streamlined processes for healthcare provider organisations, delivering further enhancements to PCA™ to support more efficient and connected digital health services:

- **Mental health integration:** In July 2024, PCA™ was enhanced to include Initial Assessment and Referral (IAR) ratings, improving how mental health referrals are managed across Australia. This allows providers to assess patient needs and generate tailored, location-specific referrals more effectively. A key example was the collaboration with COORDINARE – South Eastern NSW PHN, which advocated for IAR integration. The Agency responded promptly, embedding IAR ratings into PCA™ to support more accurate and timely referrals in primary care.
- **SMART on FHIR® interface:** A new SMART on FHIR® interface was introduced, allowing clinical information systems to integrate more easily with PCA™, streamlining data exchange and reducing duplication.
- **Improved data accuracy and efficiency:** Enhancements continued to reduce manual updates, transcription errors and administrative burden by enabling real-time updates to business partners from a single source of truth.
- **Support for Health Connect Australia:** PCA™ was positioned as a foundational component of the upcoming Health Connect Australia – a digital infrastructure that enables secure, real-time sharing of patient health information — ensuring accurate, up-to-date provider and service information is available across the digital health ecosystem.
- **Expanded stakeholder collaboration:** The Agency deepened engagement with Primary Health Networks, software vendors and professional associations, incorporating sector feedback into PCA™ upgrades and promoting broader adoption.
- **Supported PCA™ registration for healthcare providers:** The Agency's Digital Adoption Support team helped providers register for PCA™ to ensure they could get the full benefit of the product. In the last quarter (April to June 2025), the team targeted large commercial groups and organisations in pharmacy and general practice and continued to work with allied health peak bodies and their members. These organisations were supported by webinars and registration events that enabled multiple registrations during the event and in the following days. The Digital Adoption Support team provided live support during these registration events which created efficiencies in effort to increase uptake. As at 30 June 2025, registrations included:
    - 4,011 clinics (2024–25 increase of 1,672)
    - 41 business partner services.
- **Onboarding business partners to PCA™:** The Agency progressed engagement and adoption activities to onboard key PCA™ business partners, to support streamlining of their client registration process and provide the ability for the organisation to receive automatic updates from their client health provider organisations when details change. In addition, the Agency engaged with private health insurers to inform product development opportunities and, where appropriate, participate as subscriber organisations to access certain information through PCA™ published by organisations about their health-related services and service providers.

Analysis of factors contributing to results

Positive factors	Challenges
● The Agency maintained strong and consistent engagement with PCA™ users, business partners and allied health peak bodies throughout the year. This collaboration played a key role in shaping system enhancements, ensuring that updates were informed by real-world needs and sector feedback. These efforts also helped to build broader awareness and interest in PCA™, supporting its continued growth ● Direct support was provided to healthcare provider organisations throughout the PCA™ registration process, helping to ensure a smooth and efficient onboarding experience. This hands-on assistance reduced barriers to entry and encouraged confidence in the system, supporting sustained engagement and long-term use.	● Broader adoption remains a challenge, as the system delivers the greatest value when both healthcare providers and their business partners are actively engaged. This shared participation ensures timely updates, consistent information and improved efficiency across the healthcare network.

3. Medicines safety

Safe medication practices prevent adverse drug events, enhance patient outcomes and maintain trust in the healthcare system. The Agency supports the implementation of 4 initiatives that contribute to medicines safety.

- **Electronic prescribing:** Streamlines prescriptions, minimises errors associated with handwritten prescriptions and improves medication accuracy. Implementation of electronic prescribing in public hospitals was identified as a key strategic priority under the Intergovernmental Agreement on National Digital Health 2023–2027.
- **Active Script List:** Provides real-time visibility of a patient's active prescriptions, reduces the risk of duplicate therapies and medication errors.
- **Curated medicines list (previously pharmacist shared medicines list):** Allows pharmacists to access a patient's medication records, supports identification of potential drug interactions and improves dispensing accuracy.
- **Real-time prescription monitoring:** A national system that provides prescription and dispensing history for monitored medicines to support clinical decision-making and safer use of high-risk medicines.

Over 2024–25, the Agency prioritised the following work in support of medicines safety:

- **Electronic prescribing implementation and adoption:** 2024–25 priorities included:
  - government-subsidised (PBS/RPBS) electronic prescriptions dispensed by community pharmacies increased to 22.6% in 2024–25 (from 17.2% in 2023–24). This was achieved through collaboration with clinical peak organisations to drive the use and adoption of electronic prescribing.
  - conformance activities to support electronic prescribing system functionalities, provide robust security controls and ensure consistency and continuity of clinician and consumer experience, including but not limited to:
    - 43% (69 out of 159) of software products listed on the Electronic Prescribing Register of Conformance conform to Electronic Prescribing Conformance Profile v3.0.1. Notably, 51% (35 of 69) of these products achieved conformance in 2024–25.

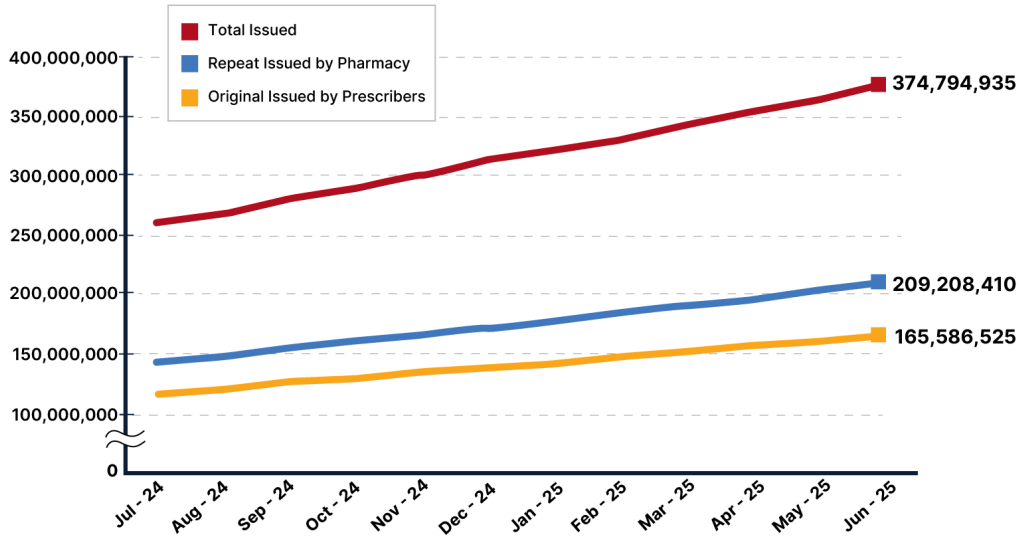
        - The uplifted Electronic Prescribing Conformance Test Specifications for Prescribing Medication Chart Systems were published to support changes to augment the safety of the electronic National Residential Medication Charts (eNRMC) in response to changes to the eNRMC legislative instrument published by the Department of Health, Disability and Ageing in November 2024. Ten transitional eNRMC vendors were supported in initiating the process to achieve conformance to Electronic Prescribing Medication Chart Prescribing Systems Conformance Profile v3.0.2.
        - A blueprint was developed for consultation with the healthcare sector to guide future sunsetting activities. Electronic Prescribing Conformance Profile version 2.2.1 was sunset on 30 September 2024, and 39 software vendors transitioned to the substantive conformance profile.
        - The Review and Uplift of Conformance Assessment Scheme has commenced to align with the National Conformance Framework.
    - consultation with:
        - external stakeholders on the revised draft Electronic Prescribing Solution Architecture version 4.0 document commenced
        - the software industry on the changes, scope and schedule for Electronic Prescribing Conformance Profile v4.0 series commenced.
- **Electronic prescribing in public hospitals:** 2024–25 priorities included:
    - development of jurisdiction implementation plans and cost impact analysis
    - analysis of effective pathways to explore and address technical barriers to support implementation
    - development of technical options to standardise jurisdictional integration with the National Prescription Delivery Service
    - change initiatives and studies, including, but not limited to:
        - time and motion studies to baseline dispensary data at Royal Perth Hospital to inform implementation
        - engagement with Advanced Pharmacy Australia on the delivery of educational webinars to hospital pharmacies on electronic prescribing.
- **Active Script List (ASL):** 2024–25 priorities included:
    - communication campaign delivered to increase awareness and adoption of electronic prescribing and the ASL by consumers
    - working with consumer peak organisations to undertake targeted engagement to identify and understand the barriers for older people accessing and using electronic prescribing and the ASL.
- **Curated medicines list (previously pharmacist shared medicines list):** 2024–25 priorities included:
    - the project scope was realigned – and retitled Curated Medicines List – to the broader national digital medicines' agenda. This change reflects a holistic model of care, delivered by collaborative, multi-disciplinary healthcare teams
    - coordinated, nationwide consultation:
        - on the future needs and requirements for a shared medicines record within the My Health Record system
        - to understand the current and future landscape of the health and care sectors, consumer needs and the evolving medical software industry.
    - developed a validated survey to identify the availability, experiences and challenges (including maturity and readiness) related to current, planned and future medicines data sharing.

- **Real-time prescription monitoring (RTPM):** 2024–25 priorities included:
    - transition and embedding the revised contractual framework into day-to-day operations, including partnering with the vendor to implement updated service levels, reporting and governance
    - strengthening relationships with the vendor, states and territories to ensure all contractual deliverables meet the Agency's standards and stakeholder expectations
    - implementation of the Data Quality Remediation Plan to uplift system infrastructure and data quality
    - establishment of a centralised process to coordinate nationwide and jurisdictional system enhancements
    - administration of a clinical safety survey to assess system usage and healthcare providers' perceptions. Findings highlighted that most stakeholders believed the RTPM system improved patient safety.
- **Other initiatives to support medicines safety:** In 2024–25 this included:
    - increasing the availability of clinical information software in the allied health sector conformant with My Health Record and electronic prescribing through the Allied Health Industry Offer, to support prescribing allied health providers including podiatry, optometry and broader multidisciplinary care. There are 8 software vendors participating seeking to achieve conformance with electronic prescribing, expected to be deployed to their customers from mid-2026.
    - uplifting clinical information systems and electronic medication management systems to support transitions of care from residential aged care homes to acute care settings through the availability of the new residential care transfer summary documents (previously known as the aged care transfer summary) in My Health Record. This includes the ability for residential aged care homes to upload and access clinical documents such as medicines information via the residential care medication chart to support the transfer of care of older Australians across different care settings, to provide timely information to healthcare providers at the acute care setting/hospital when receiving and treating the transferred resident. The information in My Health Record could also be viewed by the associated GP, community pharmacists, allied health, the residential aged care homes staff and consumer/carers. One vendor has deployed the enhanced functionality to their users, with 8 vendors expected to deploy by October 2025 and the remaining 4 vendors deploying by March 2026. Nine of the 13 participating vendors are enhancing electronic medication management systems.

Analysis of factors contributing to results

Positive factors	Challenges
● Proactive engagement and the pilot implementation of electronic prescriptions in Royal Perth Hospital provided invaluable insights and lessons learnt to inform national implementation efforts. Success was attributed to engagement by the hospital and the effective co-design of new workflows that reduce clinical risks and enhance patient outcomes. ● Productive and collaborative engagement with the National Electronic Prescribing Technical Working Group (membership spans software vendors, jurisdictional representatives, Medical Software Industry Association, clinical peaks and other government agencies) supported uplift of the electronic prescribing technical framework and promoted the importance of conformance. ● The revised and improved national RTPM contract provides a foundation for high performance, continuous quality improvement and robust incident and defect management. The newly established 3-tier governance structure provides a robust and structured approach to RTPM system operation and risk escalation.	● Implementation of electronic prescribing introduces complex, hybrid workflows in community pharmacies, impacting on breadth and depth of adoption. Further, following consultation, several significant barriers to implementation of electronic prescribing in public hospitals have been identified, including the use of national healthcare provider identifiers within jurisdictional clinical systems. ● A high level of engagement with software vendors is required to ensure the success of the modernisation of the electronic prescribing technical framework, but this can be difficult in light of vendors' other business and commercial priorities. ● The introduction of medications chart-based prescribing requires complex new data models. New workflows are still being validated. This is complicated by a variety of factors, including digital maturity, commercial priorities, care settings, legislative requirements, jurisdictional and local requirements, legislation and policies. ● Ongoing and resource-intense contract management practices are required to effectively manage the contract, in line with governance priorities and legislative requirements. The Agency has invested significant effort to assist jurisdictions and support delivery. Further streamlining is required to optimise productivity and system efficiency.

Over
124 million electronic prescriptions generated
1 July 2024 to 30 June 2025



Electronic prescriptions

Provider activity at 30 June 2025

374,794,935

Number of original scripts issued by prescribers and repeats issued by pharmacies

Original electronic prescriptions generated by prescribers	Electronic prescription repeats generated by pharmacies	Individual prescribers generating electronic prescriptions
165,586,525	**209,208,410**	**115,561**

4. Standards – strategy and adoption

A modern, connected health system is built on strong digital, standards-based foundations as these ensure health information mobility for the consumer and their care team, wherever they are. The seamless transfer of health information and ability to use this data anywhere, in any system, require the health information to be consistent, emphasising the need for standardised data models, terminologies, identifiers, classifications, code sets and transport methods.

The Agency has a responsibility to provide leadership and stewardship of digital health standards across Australia by providing the vision, framework for governance and coordination for all contributors.

The Agency's vision for digital health standards is to develop a dynamic, comprehensive and collaborative digital health standards environment in Australia to enable a greater level of connected care for all Australians. The Agency Standards program provides clear governance, direction and oversight of digital health standards. The program ensures alignment and consistency for the effective use of standards to support a connected and high-performing digital health system. Widespread and consistent implementation of standards provides the technical foundation needed for safe, secure, accurate and timely sharing of information between healthcare services and their consumers.

Key to this role is leading a nationally coordinated approach to adoption and implementation of digital health standards, guided by the following principles:

- **Adopt**: Use the best international and domestic digital health standards available.
- **Adapt**: Refine international standards where needed to enable them to be incorporated within the Australian health system.
- **Create**: If no appropriate or suitable standards exist, create them in collaboration with industry and adopt them as best practice.

Strengthening digital health standards helps make healthcare technology safer and more reliable for both clinicians and consumers. It also ensures that important health information is always available and easy to use when needed.

Developments over 2024–25 include:

- completion of the foundation level of the National Digital Health Standards Catalogue, including publication of 1,449 digital health standard summaries
- publication of the National Library of Terminology Maps, providing a centralised repository of clinically validated, nationally relevant maps that translate between major coding systems such as SNOMED CT-AU, ICD-10-AM, ACHI, PBS and MBS
- publication of the Aged Care Clinical Information System Standard, which includes a list of recommended minimum software requirements for clinical information systems, including electronic medications management used in residential aged care homes
- in partnership with CSIRO, delivery of Australian Medicine Terminology version 4, a modernised terminology model that improves allergy alerting, editorial consistency and global interoperability through SNOMED CT alignment, supporting safer medicines data exchange and stakeholder readiness across Australia.
- in partnership with CSIRO, delivery of the National Clinical Terminology Service (NCTS) Tooling Uplift project, transitioning to the SNOMED International Managed Service and implementing a new tooling platform to enhance the creation and release of SNOMED CT-AU content.

- commenced work to deliver a Digital Health Standards Strategy and accompanying Digital Health Standards Roadmap capturing the key activities to deliver the Agency's functions to support adoption and implementation of digital health standards
- publication of the completed initial draft of the Digital Health Procurement Guidelines, enabling the next phase of wider consultation across industry to commence
- established stronger relationships with Standards Development Organisations, ensuring foundational partnerships for future standards development and implementation needs
- continued to deliver FHIR® training courses in partnership with HL7 Australia to a total of 358 people over 7 dates
- refreshed the existing FHIR® training courses, transitioning to an in-sourced delivery model to enable ongoing availability to support sector needs, with delivery of training commencing early in FY25–26
- conducted a co-designed Standards Training, Education and Awareness Needs Analysis via industry consultation; actions from this report will be incorporated within future work plans to ensure ongoing support as the sector evolves
- established new partnerships for training expertise, delivery and development to support ongoing capability uplift program
- commenced work to deliver new training course content (4 new courses have commenced development) and additional training capability related to FHIR® and other digital health standards.

Analysis of factors contributing to results

Positive factors	Challenges
• Strong collaborative partnerships with standards development organisations, industry and delivery partners across all projects have continued to ensure that we can deliver quality outcomes and products with real benefit for Australians. • Related interest in digital health standards has increased due to investment in the Sparked program, the first FHIR® Accelerator in Australia. This also coincides with a maturing of the sector to understand that data created and shared based on standards provides greater access to more accurate and timely health information.	• Significant change pressure across industry requires thoughtful engagement, management and sequencing, given the breadth and velocity of change in the current digital health ecosystem. • Standards expertise is limited; as we increase awareness and drive implementation, the resources available are often not able to meet demand.

5. Streamlining Implementations, Conformance and Connections (SLICC)

This initiative aims to modernise and simplify the software developer journey for connections and conformance. Primary activities include the review and redesign of conformance and connections products and processes, to simplify the steps and accelerate the journey for developers and healthcare organisations. A more streamlined, digitised and automated developer journey is also an enabling capability that will support the Agency to realise the objectives of the Connecting Australian Healthcare – National Healthcare Interoperability Plan. Additionally, it will lay the foundations for the increasingly sophisticated developer experience necessary for the Share by Default program and the future Health Connect Australia.

Over the course of 2024–25, the following initiatives moved forward to meet the outcomes of the project:

- mapping all user journeys through the conformance and connections process for HI Services and My Health Record to identify pain points and amended flows to improve the experience for developers when conforming and connecting to national digital health products
- consultation with internal and external stakeholders to understand the end-to-end user experience related to the conformance and connections process to inform solutions that meets user needs and requirements
- evaluation, review and update of key content on the Agency's Digital Health Developer Portal (developer.digitalhealth.gov.au).
- creation of a style guide to apply to Developer Portal content to ensure clear, friendly and modern usability and accessibility
- review of information architecture and provision of a guide for presenting content on the Developer Portal
- a full review of all outstanding feedback items on conformance assessment schemes and a reduction of the backlog of these items of over 50%
- uplifted and published updates for the most accessed documents and relevant portal pages in the Developer Portal using the new agency template, aligned with updated UX and style guidelines. These pages provide technical guidance and style recommendations to subject matter experts and product owners, improving tone, readability and accessibility
- enhanced and streamlined the Agency's document management system for publishing content to the Developer Portal
- developed and deployed a modernised connections process to support future developers engaging with the Agency. This includes, but is not limited to:
    - developer dashboards with real-time updates on stage-gate progress through the connections process via individual user accounts, promoting self-management and enhanced visibility
    - a customised dynamic experience to replace legacy PDF-based forms required to connect to HI Service and My Health Record
    - self-service knowledge articles and contextual documentation access
    - enhanced user channels (e.g. general enquiries).
- developed new digital conformance engines for HI Service and My Health Record that tailors the conformance use cases and test cases bespoke to each developer and their implementation scope, streamlining the understanding of the conformance requirements
- developed a comprehensive change management strategy and implementation framework to guide organisational transformation, ensure stakeholder alignment and support the successful adoption of new processes and technologies.

Analysis of factors contributing to results

Positive factors	Challenges
• Early planning and requirements development resulted in a positive go-to-market experience and a well-defined solution. Using a combination of Agile and Waterfall methodologies, the team successfully delivered against project and financial milestones. • Leveraging collaborative practices within the Agency to actively engage stakeholders in the co-design and delivery of streamlined tools and processes. • Strong support for the project by stakeholders and Agency staff.	• Competing demand for technical resources continues to constrain delivery timeframes.

Case study: C3.0 Summit – Advancing Clinical Governance in Digital Health

Building on success: from 2023 foundations to 2025 impact

The C3.0 Connect. Care. Confidence. Clinical Governance in Digital Health Summit 2025 represented a major step forward for digital health in Australia, building on the momentum created by the inaugural 2023 event. One key factor in this year's success was the introduction of a dynamic series of 'Bytesize' mini events, thoughtfully designed to generate early engagement and spark curiosity ahead of the main summit event. These shorter sessions offered participants accessible previews of core topics, set the stage for deeper discussions and ensured that a wide audience was primed for meaningful involvement when the main event arrived.

The result of this early engagement in the Bytesize series translated to interest in the main summit (held virtually), prompting more than 1,900 to register to participate from around the globe, including healthcare providers, technology vendors, start-ups, industry peak bodies and academics, a 109% increase in registrations compared with the 2023 C3.0 Summit. The program offered deep interactive discussions through a blend of plenary sessions and targeted breakouts covering priority themes such as frontline care, generative AI, consumer co-design, privacy, cybersecurity, Aboriginal and Torres Strait Islander health, and interoperability.

International keynote speakers helped frame the event's global significance. Dr John D Halamka, President of the Mayo Clinic Platform, opened with reflections on the power of international collaboration in healthcare technology, emphasising the benefits of working together across borders to improve patient outcomes. For the closing keynote, Dr Bertalan Meskó, Director of The Medical Futurist Institute, challenged attendees to imagine supporting astronaut health on Mars, a thought-provoking scenario underscoring the importance of innovation and adaptability required of a modern healthcare sector.

The summit underscored the importance of continuous improvement for the digital health sector to achieve more consistent and safer digitally enabled care models. Feedback from participants showed a stronger understanding of clinical governance principles (as compared with pre-summit) and a desire for sector-facing resources, continued engagement and opportunities to influence practice change.

By making the full summit sessions available online, the Agency has ensured that the knowledge, insights and connections forged at C3.0 will continue to benefit the digital health sector. The success of both the Bytesize lead-up and the main summit highlights the value of sustained, innovative engagement in driving progress toward a safer, more effective digital health future.

Modernising infrastructure

Our third focus is modernising national digital health infrastructure to enable real-time, secure access to health information. This includes foundational work to introduce FHIR® capability into the My Health Record system and continued development of Health Connect Australia, the national health information exchange. These enhancements strengthen the systems that enable the exchange of health information across different settings and platforms.

1. My Health Record on FHIR®

The Agency is working to implement a new Fast Health Interoperability Resources (FHIR®) based repository and FHIR® Application Programming Interfaces (API), which will store health and health-related information using the FHIR® internationally accepted standard. The FHIR® repository will perform the function of the National Repositories Service as required under the *My Health Records Act 2012*. FHIR® will allow storage of key records that form part of the registered healthcare recipient's My Health Record.

The enablement of My Health Record with FHIR® capability is crucial to enhance seamless and secure sharing of data rich and atomic health information across different healthcare systems and settings. This initiative is aligned to future state ecosystem API standards and the vision to support further functionality delivered as part of the broader My Health Record Modernisation and Health Connect Australia initiative. It creates efficiencies for new systems and contributes to the broader health ecosystem progressive approach to transformation, enabling access to key health information by the workforce to support patients when needed.

In 2024–25, the Agency:

- completed the project establishment and undertook planning and preparatory activities for the FHIR® server solution request for tender, releasing the tender in September 2024
- completed preparation for vendor onboarding and planning activities to prepare the foundation of technical delivery
- established a strategic architectural approach to introduce the FHIR® capability balancing utilisation of the existing My Health Record infrastructure against targeted introduction of new technology.

Analysis of factors contributing to results

Positive factors	Challenges
• A positive response to the virtual industry briefing for the FHIR® Server Solution tender, with almost 300 registrations and 260 attendees, with positive feedback on the quality of documentation provided.	• Immaturity in the Australian market and limited FHIR® expertise when compared to HL7 CDA expertise somewhat delayed the procurement and subsequent activities.

2. Health Connect Australia

In line with the Intergovernmental Agreement on National Digital Health 2023–2027, the Agency is driving the transformation of Australia's health ecosystem through the development of a national health information exchange, called Health Connect Australia.

Health Connect Australia will comprise a suite of secure, interoperable and consumer-focused capabilities designed to enable seamless exchange of health information across healthcare. Driven by stakeholder engagement, these capabilities will unify fragmented elements of the health system, harnessing current and emerging digital technologies. Health Connect Australia aims to enhance safety, quality and efficiency in healthcare by addressing key challenges in information sharing and access. Its strategic focus includes:

- optimising existing digital health investments
- promoting adoption of contemporary standards
- implementing national healthcare identifiers
- integrating clinical information systems and terminologies
- resolving jurisdictional pain points.

Health Connect Australia is a multi-year program, evolving through phased development and implementation. Over the past year, the primary focus has been on the initiation and guiding documents for Health Connect Australia through the advancement of the Foundations phase of the program, which includes:

- Health Connect Australia Strategy, Architecture and Roadmap
- the commencement of the Provider Directory and Authorisation project
- discovery for diagnostic image access.

Key milestones included:

- finalising business requirements for the Health Connect Australia Provider Directory
- developing conceptual architecture for the Provider Directory and Authorisation service
- releasing the Health Connect Australia Strategy, Architecture and Roadmap, setting a nationally endorsed direction for a secure, interoperable digital health ecosystem
- executing a contract with The Royal Australian and New Zealand College of Radiologists to undertake discovery work, including the development of a strategic document with a roadmap containing definitions around the challenges, use-case journeys and recommendations that would be submitted to government to expedite improved access to medical images across service providers, jurisdictions and platforms.

Key achievements include:

- **Architecture and Roadmap**
    - The Health Connect Australia Strategy, Architecture and Roadmap were published on 30 June 2025 after receiving over 500 pieces of feedback from across the healthcare sector.
    - Developed in collaboration with government, industry and stakeholders, they define the national direction for a secure and interoperable digital health ecosystem.
    - Future updates will expand on key capabilities, including information sharing and digital service discovery.
    - Ongoing development will continue as part of the broader Health Connect Australia program.

- **Health Connect Australia website launch**
  - A dedicated Health Connect Australia website page has been launched to provide a central source of information about the program. It will offer regular updates, key documents and resources to support stakeholder engagement and transparency as the program evolves.
- **Clinical governance established**
  - A Clinical Working Group (CWG) was formed to guide Health Connect Australia's clinical direction.
  - The CWG includes clinical and consumer experts and will hold its first meeting in July 2025.
  - The CWG ensures Health Connect Australia solutions are clinically sound, safe and aligned with consumer needs.
- **Provider Directory and authorisation progress**
  - Minimal viable product business requirements for the Provider Directory have been baselined and endorsed.
  - A Pilot Working Group was established to support delivery and continue to support design and implementation.
  - Agreement was received from the Minister for Health, Disability and Ageing on 18 December 2024 for the Healthcare Identifiers Service Operator (Services Australia) to delegate to the Agency its function under the *Healthcare Identifiers Act 2010* to operate the Healthcare Provider Directory.
  - A high-level solution architecture was agreed with Services Australia for the transition of the directory to the Agency.
- **Sector engagement**
  - Significant consultation was held with software vendors, jurisdictions, clinicians, allied health, private hospitals, clinical and industry peak bodies on the Health Connect Australia Strategy, Architecture and Roadmap.
  - A workshop with Aboriginal community-controlled health organisations and Aboriginal Medical Services Alliance Northern Territory (AMSANT) was held to address the needs of Aboriginal and Torres Strait Islander communities.
  - Targeted consultations will continue to support culturally safe and responsive service design.
- **Image access discovery**
  - In May, work began on a national project to explore ways to enhance timely access to medical images across the health system.
  - In partnership with The Royal Australian and New Zealand College of Radiologists and the Australian Diagnostic Imaging Association, a survey was developed and released to stakeholders to obtain foundational insights and understand key pain points across the sector.

Analysis of factors contributing to results

Positive factors	Challenges
● A focused Pilot Working Group of key stakeholders was set up to support the Health Connect Australia Provider Directory, consisting of Northern Territory Health and Queensland Health, North Coast PHN and AMSANT. The working group successfully co-designed business requirements with the Agency and will continue to support solution design and implementation. ● A CWG was established to engage clinical stakeholders and provide advice on clinical safety and risks. The CWG also ensures that clinical perspectives are embedded in the design and delivery of Health Connect Australia.	● Health Connect Australia is part of a broader ecosystem of work within the Agency. Managing dependencies across several other national programs adds complexity, when aligning timelines and priorities. ● Progress will depend on legislative updates to support key features. While legislation and policy changes are still being scoped, the program is planning phased rollouts to keep progress on track.

3. Service delivery

Uplifting service management encompasses 3 initiatives:

- **Service Integration and Management (SIAM)** is a management methodology used by organisations to better coordinate and manage multiple suppliers to deliver seamless, integrated IT services into a single, cohesive IT ecosystem. By integrating interdependent services, SIAM ensures seamless end-to-end delivery that aligns with business requirements. It supports cost efficiency and resource optimisation through streamlined processes and coordinated suppliers. It also fosters collaboration, trust and accountability by assigning clear roles and responsibilities. Moreover, it provides flexibility to adapt to changing business needs and encourages healthy competition among service providers, driving innovation. Overall, SIAM maximises value from diverse suppliers.
- **End-to-end monitoring (Dynatrace)** enables organisations to have end-to-end visibility of their IT systems, applications and infrastructure. Dynatrace collects data from various sources (such as applications, servers and network infrastructure) to create a comprehensive picture of the environment. End-to-end transparency enables faster troubleshooting of issues, increased automation, improved application performance and cost optimisation. Phase one of the project was to uplift the Agency's monitoring capability and focused on the API Gateway. Subsequent phases will extend to the My Health Record System, the Agency's internal IT systems and Provider Connect Australia™, with the aim of strengthening visibility, performance tracking and operational resilience across these critical digital health infrastructure components.
- A **configuration management database (CMDB)** stores information about an organisation's hardware and software assets, known as configuration items. The CMDB enhances visibility, responsiveness and service availability across critical services and infrastructure such as My Health Record and the API Gateway. It strengthens incident, change and problem management processes. To ensure consistency in how data is stored and structured, a Common Services Data Model (CSDM) will be introduced to standardise the approach to managing IT services and offerings and will provide comprehensive dependency maps that illustrate the relationships between infrastructure and services, enabling operations teams to access and interpret these connections more easily. The CSDM will be implemented progressively, starting with the most critical services and infrastructure.

Developments over 2024–25 include:

- **SIAM:** The Agency developed and commenced implementation of a new IT operating model to better manage its multi-service partner environment. This included an initial capability assessment and the introduction of SIAM. The implementation of SIAM has been structured to develop and implement SIAM processes in 3 iterations. To date, all 3 process iterations have been developed and tested and are being deployed. The focus of iteration 1 was to uplift the existing processes used within the Agency with the SIAM elements, roles and responsibilities, which includes change enablement, problem management, incident and major incident management, release management and service request management. The iteration 2 processes focused on new capabilities such as knowledge, event service configuration and service level management. The iteration 3 processes progressed mid-2024 and focused on availability, continuity and capacity management to further improve the agency's IT resilience and its ability to meet its service levels. In addition to the iteration 3 processes, additional focus was applied to the functions interacting with the SIAM model, especially vendor and contract management, systems integration, procurement and cyber security. All closely coupled service partners were successfully onboarded to the iteration 3 processes in June 2025. The Agency continues to work with strategic partners to optimise engagement, collaboration and performance to provide service excellence.
- **End-to-end monitoring project (Dynatrace):** Building on foundational work from 2023–24, Phase 1 of the project commenced in mid-2024, focusing on the API Gateway. This phase successfully went live on 24 June 2025. To support this initiative, the Agency established a dedicated Observability Engineering team responsible for managing the new monitoring platform. In collaboration with its Service Providers, the Agency will continue to enhance observability capabilities through the development of new dashboards. This project marks a significant milestone in the Agency's ability to proactively monitor and manage its products and services. It is expected to deliver substantial benefits in incident detection, management and resolution, while also streamlining the development and deployment of new products. Phase 2 of the project will focus on the My Health Record system, while Phase 3 will address the Agency's internal IT systems and Provider Connect Australia™. Phase 2 is scheduled to go live by December 2025, with Phase 3 expected to conclude by June 2026.
- **CMDB:** In 2024–25 the Agency transitioned from planning to execution, operationalising the CMDB by implementing core components, connecting key systems and establishing governance frameworks to support long-term success. Processes were developed to ensure smooth integration with other core IT systems. In collaboration with major service providers, tools were implemented to automatically detect and record IT assets in critical areas like the National Infrastructure and API Gateway. These tools were installed in test environments, with detailed requirements and testing criteria completed to ensure they functioned as intended. A framework based on the CSDM was established to standardise how service data is organised and applied to key services such as My Health Record and the API Gateway. To support governance and consistency, the Agency established a Configuration Control Board and approved a tagging standard to ensure assets are labelled clearly and consistently within the CMDB. These developments laid a strong foundation for a more accurate, automated and integrated view of the Agency's IT environment, ultimately supporting better service delivery across all digital platforms.

Analysis of factors contributing to results

Positive factors	Challenges
● The CHAP project has identified potential savings in effort and cost by using the Dynatrace platform for reporting and dashboards. These savings can be replicated across other Agency products and services. ● Leveraging industry-standard frameworks for structuring IT services within the CMDB is laying the groundwork for a more resilient and transparent service management model, enabling better governance and decision-making. ● Completion of the CMDB initiative will serve as a strategic catalyst for automation, advanced incident correlation and proactive service management – positioning the Agency to enhance service reliability, reduce operational risk and accelerate digital transformation.	● Progress towards automated, proactive service management will be challenged by delays in delivering critical foundations like the CMDB. These delays risk stalling broader transformation efforts and limiting the impact of monitoring and automation capabilities.

My Health Record System Operator reporting requirements

The security of patient health and other personal information lies at the very heart of the My Health Record system. Many of the protections provided by the *My Health Records Act 2012* (the Act) are about ensuring that Australians' digital health records have strong protections. These protections are underpinned by rigorous reporting obligations.

The Act establishes the role and functions of the Agency as System Operator, a registration framework for individuals and entities (such as healthcare provider organisations) to participate in the system, and a privacy framework (aligned with the *Privacy Act 1988*) specifying which entities can access and use information in the system and the penalties that can be imposed on improper use of this information.

Section 107 of the Act requires the Agency to include statistics in its annual report on My Health Record system registration, usage, security and complaints and the outcomes of those complaints in terms of investigations, enforceable undertakings or court proceedings seeking injunctive relief. These statistics are outlined below.

My Health Record system registration, usage, security and complaints

Reporting requirement	Statistics
Registrations, cancellations, suspensions of registrations	● **Individuals:** In 2024–25 as the System Operator, the Agency registered 592,131 people for a My Health Record (a 12.74% increase from 2023–24). ● There are more than 24.4 million total active records in the My Health Record System. ● **Healthcare provider organisations:** In 2024–25 the System Operator registered an additional 3,024 healthcare provider organisations, and there

Reporting requirement	Statistics
	were 154 registrations cancelled or suspended for reasons such as a provider organisation discontinuing operations or transferring ownership. • **Portal operators:** In 2024–25 no mobile portal operators were added or removed. Healthdirect Australia is the only portal operator as at 30 June 2025. • **Contracted service providers**: In 2024–25 the System Operator registered an additional 7 contracted service providers. One registration was temporarily suspended then reinstated following confirmation that relevant requirements had been met. There were 37 contracted service providers as at 30 June 2025.
Use of the My Health Record system by healthcare providers and healthcare recipients	• There were 2,542,398 unique My Health Records accessed in 2024–25, up from 2,263,242 in 2023–24 (12.33% increase), and total access of these records was 12,450,282 in 2024–25, up from 9,256,679 in 2023–24 (34.50% increase). • An average of 9,962 unique healthcare provider organisations viewed records each week during 2024–25 via their clinical information systems (14.94% increase on 2023–24). • An average of 14,722 unique healthcare provider organisations uploaded documents to the My Health Record system each week during 2024–25 (8.31% increase). • A total of 1,214,681,207 documents (including Medicare) were uploaded to the My Health Record system in 2024–25 (7.06% increase on 2023–24).
Occurrences relating to the integrity or security of the My Health Record system	• During 2024–25, 33 matters were reported to the System Operator by healthcare provider organisations under section 75 of *the My Health Records Act 2012*: ○ 12 matters reported by 12 different organisations related to access to a single individual's My Health Record by a staff member. In 2 of these matters, the access was the result of an administrative error which was later corrected to prevent further incorrect access. For the remaining matters, the healthcare provider organisations provided additional education and training to staff to improve their understanding of appropriate use of the My Health Record system. Additional measures for some of these matters included review of policy and guidance materials. ○ 14 matters reported by 10 different organisations involved access to multiple individuals' My Health Records. The healthcare provider organisations implemented measures to strengthen My Health Record training provided to their staff. Other mitigation strategies included reviewing internal policies and procedures, improving onboarding protocols and, in some instances, removing staff members' access to My Health Record. Disciplinary action was taken in 1 matter. ○ 1 matter reported by an organisation involved access to multiple individuals' My Health Records by a healthcare provider associated with the former owners of the organisation. The healthcare provider was reported as working at another healthcare provider organisation at the

Reporting requirement	Statistics
	time of access; however, their login credentials had not been updated when the business was sold. This has since been rectified. ○ 2 matters reported by 1 organisation involved staff members accessing their own My Health Record via the organisation's clinical information system. The matters were handled in accordance with internal procedures, and system improvements are being considered that will include alerts regarding appropriate access to My Health Record. ○ 1 matter reported by an organisation involved a USB being lost in transit when it was posted to another healthcare provider organisation. It was not clear whether the USB contained My Health Record information. The data transfer was necessary as a clinician was moving to a new medical practice. The organisation's policy for transferring health records was reviewed and secure digital systems were implemented to facilitate future data transfer requests. ○ 3 further matters reported by 3 different organisations related to cybersecurity events that were determined as not reportable to the System Operator under section 75 of the *My Health Records Act 2012* as they did not involve or impact the My Health Record system. *Note: Healthcare provider organisations are required to notify the System Operator and the Office of the Australian Information Commissioner (OAIC). However, where the entity is a state or territory authority, notification to the OAIC is not required.*
Complaints received, investigations undertaken, enforceable undertakings accepted, injunctions granted	● Complaints about My Health Record are made to the call centre via email through a website form or in writing. Complaints are escalated through the Agency for investigation and response if the issue is complex or relates to a potential privacy, clinical or cyber security breach. ● In 2024–25, 51 complaints were received in relation to My Health Record through the Contact us form, call centre, email or paper mail. No enforceable undertakings were sought by the System Operator, and no proceedings were initiated by the System Operator in relation to enforceable undertakings or injunctions.

Part 3. Management and accountability

Corporate governance

The Agency is governed by a skills-based Board supported by advisory committees and reports to Commonwealth, state and territory health ministers through the National Federation Reform Council.

The Agency's governance framework has its legislative foundation in the Agency Rule. The PGPA Act sets out requirements for the governance, reporting and accountability of Commonwealth entities and for their use and management of public resources. It vests many of the powers and responsibilities for the financial management of a Commonwealth entity in the hands of the accountable authority, which is the Board of the Agency. The Agency Rule established the Board, advisory committees and the position of CEO and defines their roles and responsibilities.

The accountability and governance practices in place to support this legislative regime promote strong performance and careful stewardship of public resources. They are designed to ensure the Agency's ability to deliver on the expectations of government, the health sector and the community.

Fundamental to the Agency's governance arrangements is establishing an appropriate controls environment to ensure probity and transparency. Roles, lines of authority and delegations for decision-making are all clearly defined. They are reinforced through training and awareness initiatives so that staff have a common understanding of their obligations and their purpose in providing a system of checks and balances to safeguard the integrity of the Agency's work.

Other key governance features include:

- a focus on audit, risk management and fraud control strategies
- a mechanism for stakeholder participation through representation on specialist committees
- internal and external scrutiny through a robust planning and reporting framework
- embedding ethics and integrity in the values and culture of the Agency.

A number of governance bodies form a key part of the Agency's assurance processes.

The Board

The Agency Board sits at the apex of the governance structure and is the accountable authority of the Agency under the PGPA Act. The Board is accountable to Parliament through the Minister for Health, Disability and Ageing. In accordance with Section 14 of the Agency Rule, the Board sets the strategic and policy direction to achieve the Agency's purpose and oversees performance, governance and resource allocation as custodian of federal, state and territory funding.

The Board maintains a watching brief over internal and external environments and ensures that Agency operations and outcomes are fit for purpose and align with government priorities.

The Board's efforts are balanced across creating the future and delivering the present. By fulfilling its statutory obligation to produce an annual work program, the Board provides a clear picture of operational priorities, actions and planned outcomes for each financial year.

Board members

The Board brings a range of skills and perspectives to the Agency. The Agency Rule prescribes the eligibility requirements for Board members so that, collectively, the Board has expertise and experience in the fields of health informatics, leading digital healthcare delivery, policies and services, consumer health advocacy, clinical safety, law, financial management and Board and business leadership.

Board appointments, functions, powers and procedures are also conferred by the Agency Rule and further clarified in the Board Charter. The Board consists of the Board Chair and at least 6, but not more than 10 other members (currently 10 members in total), all of whom are non-executive members, appointed by the Minister for Health, Disability and Ageing for a term (in aggregate) of up to 3 years. Members who have served on the Board during 2024–25 are listed below.

Ms Lyn McGrath (Chair)

Lyn McGrath is a non-executive director with over 30 years' experience at both senior executive and board level in highly regulated and complex industries.

Ms McGrath is currently a non-executive director at Credit Corp (ASX:CCP); non-executive director of Auswide Bank (ASX:ABA); and non-executive director at Heartland Bank Australia Limited, where she is also Chair of the Risk Committee.

Ms McGrath is the former Group Executive Retail Banking at BOQ where she led a significant business turnaround and launched the Virgin Money Australia Digital Bank. She has successfully led contemporary data/digital and technology transformations as well as business turnarounds in ASX 100 companies. Ms McGrath brings substantial experience in big consumer and retail distribution, including digital and multi-brand from her senior executive roles in CBA and BOQ. She has a strong track record and experience in people-oriented businesses and distributed workforces and brings to the Board significant governance and risk management experience.

Ms McGrath has a Bachelor of Arts from Macquarie University and a Master of Business Administration from Macquarie Business School. She is a Graduate of the Australian Institute of Company Directors (AICD), a Senior Fellow of FINSIA, a Vincent Fairfax Fellow in Ethical Leadership and a member of Chief Executive Women.

Dr Tanya Kelly

Dr Tanya Kelly is currently acting Deputy Director-General, eHealth Queensland, leading Queensland's public health digital modernisation agenda in support of Queensland Health priorities and broader system reforms.

She is an experienced digital leader and active senior clinician who has held senior clinical leadership and digital health roles within the Queensland health system, most recently as acting Chief Clinical Information Officer, eHealth Queensland, providing clinical leadership and clinical strategic direction for digital health across the statewide eHealth program. Dr Kelly has a focus on ensuring that interoperability, standards and national infrastructure are leveraged, through engagement across jurisdictions, for a health system that is digitally enabled with the consumer at the centre.

Also, as Chair of the Queensland Clinical Senate, Dr Kelly is keen to ensure that healthcare in Queensland is safe and highly effective and maximises the opportunities provided by clinician and consumer co-design. Beyond her clinical practice (MBBS, BMedSc), Dr Kelly has qualifications in clinical redesign, business and project management and is a Certified Health Informatician.

Mr Daniel McCabe

Mr Daniel McCabe is First Assistant Secretary of Medicare Benefits and Digital Health Division at the Australian Government Department of Health, Disability and Ageing.

As First Assistant Secretary, Mr McCabe is responsible for providing policy advice on the Medicare Benefits Scheme to deliver access to medical services for all Australians. He is also responsible for providing policy direction on digital health to connect patients and healthcare providers with their health information across the health system.

Mr McCabe joined the department in 2015 and has had a number of roles, including Chief Information Officer and Chief Operating Officer, and has previously led the Medicare Compliance Program. He holds a Bachelor of Information Technology.

Dr Danielle McMullen

Dr Danielle McMullen is an experienced health leader with a sound understanding of the health system across primary care and hospital systems, both public and private. She is a practising GP, with a particular interest in women's and children's health.

Dr McMullen has extensive medical advocacy experience as the current President of the Australian Medical Association (AMA) and former Vice President and immediate past president of the AMA NSW during the COVID-19 pandemic. She represented the AMA on the Strengthening Medicare Taskforce and has experience providing advice to government through Therapeutic Goods Administration committees and the Mental Health Reform Advisory Committee.

Dr McMullen brings strong skills in leadership, governance, media, stakeholder engagement and teamwork. Dr McMullen is passionate about building a better-connected healthcare system for the benefit of patients and healthcare providers. Dr McMullen holds a Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of New South Wales.

Professor Keith McNeil

Professor Keith McNeil has spent the last 43 years in the public health system both here in Australia (Queensland) and overseas in the National Health Service (NHS) in the UK.

He has held senior clinical specialist and leadership roles in heart and lung transplantation and pulmonary vascular disease and latterly moved into the corporate arena as a hospital Chief Executive, health service CEO and senior health department officer.

Professor McNeil's more recent appointments include CEO of Metro North Hospital and Health Service; CEO of Cambridge University (Addenbrookes) Hospitals; National Head of IT and Chief Clinical Information Officer (CCIO) for the NHS; and Deputy Director-General, CCIO and Chief Medical Officer for Queensland Health. He is currently the Commissioner of the Commission on Excellence and Innovation in Health for the South Australian government.

Professor McNeil brings a broad and deep experience across healthcare and is passionate about leveraging the digital agenda to transform patient outcomes and embed sustainability in the Australian healthcare system. He holds a Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of Queensland and is Fellow of the Royal Australasian College of Physicians, Member of the Royal Society of Medicine and Fellow of the Australasian Institute of Digital Health.

Ms Jodie Geissler

From 6 November 2024

Ms Jodie Geissler is Chief Executive Officer, Austin Health, a major tertiary hospital in Melbourne, Victoria. Prior to this role she held the position of Deputy Secretary, Hospitals and Health Services Division in the Department of Health Victoria. In that role she was responsible for managing hospital and health service commissioning and performance, encompassing both metropolitan and regional health services, along with Ambulance Victoria.

Ms Geissler previously held the role of Chief Executive Officer for the Royal Commission into Victoria's Mental Health System, and positions in the Department of Health Victoria leading the digital health program, and systems transformation teams.

In the Department of Premier and Cabinet Victoria she led the Health and Human Services team with a focus on NDIS transition and health reform. Ms Geissler holds a Bachelor of Laws from The University of Queensland and a Master of Public Health (Health Systems Management) from Monash University.

Professor Warren Harding AM

From 27 November 2024

Professor Warren Harding has a distinguished career in specialist health, strategy, technology and information systems and large complex project delivery experience in government and corporate roles across Asia Pacific. He has over 30 years at managing partner level with international consulting firms. He was a former ministerial adviser on technology. He was appointed by Cabinet as the WA Minister for Health's Nominee on the WA Sustainable Health Review and was a strong advocate for digital health investment, creating a digital patient journey and closing the gap between health outcomes and costs.

Professor Harding has deep experience in Medtech, digital health innovation and commercialisation and is currently exploring generative AI use cases in personalised healthcare, precision medicine, wearables and remote patient monitoring.

Professor Harding is global healthcare consultant; a member of the Department of Health, Disability and Ageing Dementia Expert Reference Group; and advisory member of the National Institute for Lifespan Health and Wellbeing Research Centre. He is a former Board member of the WA Disability Services Commission and is currently Chairman of Alzheimer's WA, leading their innovation to support new models of care and care settings in aged care and for people living with dementia.

He has a BSc First Class Hons and a Graduate Diploma Media. He is a British Council Scholar, London School of Economics; Professor in the School of Medicine, Macquarie University; Adjunct Professor Faculty of Health Science Curtin University; and Graduate of the AICD. He was appointed a Member of the Order of Australia in 2023 for services to business, technology and community health.

The Hon Brad Hazzard

From 27 November 2024

The Hon Brad Hazzard served as the member of the New South Wales Legislative Assembly district of Wakehurst for 32 years, across 17 portfolios and spending 12 years as a senior Cabinet Minister.

As part of his work in the Legislative Assembly, Mr Hazzard served as Minister for Health during the COVID-19 pandemic. Mr Hazzard is a Board member at the Sony Foundation and the non-executive Chair of CareFlight.

Mr Hazzard holds a Bachelor of Arts (Science) and a Diploma of Education from Macquarie University, a Bachelor of Laws from the University of New South Wales and a Master of Laws from the University of Sydney.

He brings extensive governance and leadership experience, underpinned by over a decade of ministerial responsibility and a distinguished career in public service.

Professor Christine Bennett AO

From 26 March 2025

Emeritus Professor Christine Bennett AO is a company director, strategist and corporate advisor across the health, disability and ageing sectors. She was formerly the Deputy Vice Chancellor, Enterprise and Partnerships (2020–2021) and the Dean, School of Medicine, Sydney (2011–2021) at The University of Notre Dame Australia. Professor Bennett is a specialist paediatrician and has over 40 years of health industry experience in clinical care and governance, strategic planning and health policy, commercial and investment advice, medical education and research and has held chief executive roles in the public, private and not-for-profit sectors. In 2008 Professor Bennett was appointed Chair of the National Health and Hospitals Reform Commission providing advice on a long-term blueprint for the future of the Australian health system and aged care. She was awarded an Officer of the Order of Australia (AO) in 2014.

An experienced non-executive director in publicly listed, private and social enterprises, Professor Bennett's current roles include non-executive director of Sonic Healthcare (ASX-listed international healthcare company) and Regis Health Care Limited (an ASX-listed aged care provider), Patron of Research Australia, Independent Advisor for the Australian Council of Senior Academic Leaders in Digital Health and the Digital Health Cooperative Research Centre, and Co-convenor of the Champions of Change Coalition STEM and Health Group.

Through her varied career, Professor Bennett has deep experience in leadership and governance; developing and implementing public policy; establishing clinical governance systems; advancing data science and digital technologies in health; facilitating research, development and commercialisation; and higher education and professional training. She has a developing interest in AI ethics and applied AI research, completing certification in AI Ethics and Board Oversight in May 2024. She also has a keen interest in consumer-empowered healthcare and the role of digital health in strengthening quality, efficiency and access in healthcare. Professor Bennett holds a Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of Sydney and a Master of Paediatrics from the University of New South Wales.

Ms Meegan Fitzharris

From 26 March 2025

Ms Fitzharris has a unique and varied professional background and has worked as a senior government minister, member of parliament, public servant and consultant. She has worked extensively across a range of sectors. Ms Fitzharris is currently the Director, Partnerships and Engagement at the University of Canberra and is a non-executive director of Dementia Australia and the Dementia Australia Research Foundation and a member of the ACT Heart Foundation Advisory Board.

Ms Fitzharris was an elected member of the ACT Legislative Assembly and served as the Minister for Health, Medical Research, Transport, City Services and Higher and Vocational Education. As Health Minister she also chaired the National Health Ministers Forum.

Post-politics, Ms Fitzharris chaired the Reform Advisory Group for the Queensland Health Minister in 2020 that developed the *Unleashing the Potential* report, a foundational report for the HEALTHQ32: A vision for Queensland's

health system. She has worked in law enforcement, national security and as the Health Industry Lead at Australia's leading cyber security company, CyberCX. Ms Fitzharris holds a Bachelor of Commerce (First Class Honours) from the University of Otago and a Master of Arts in International Relations (First Class Honours) from the University of Auckland.

Dr Bennie Ng

Until 31 October 2024

Dr Bennie Ng is the CEO of the Australian Medical Association Western Australia (AMA WA). He commenced as a general practitioner before becoming immersed in health policy and management.

Dr Ng has extensive experience in providing advice to the Australian Government having been the Head of Social Policy at the Office of the Prime Minister with responsibilities across health and hospitals, aged care, disabilities and the National Disability Insurance Scheme. He has held senior positions in strategy, services planning and general management across public and private hospital sectors, including the Peter MacCallum Cancer Centre, Healthscope Limited and the Hong Kong public hospital authority.

Dr Ng has a Bachelor of Medicine and Bachelor of Surgery and a Master of Business Administration. He is a Fellow of the Royal Australasian College of Medical Administrators and of the Royal Australian College of General Practitioners as well as a Council member of the National Library of Australia.

Adjunct Professor Kylie Ward

Until 31 October 2024

Adjunct Professor Ward is a passionate advocate for the advancement of the nursing profession, including the delivery of excellence in education, and previously served as CEO of the Australian College of Nursing. She has led a program of transformation, including raising awareness of the profession and building a legacy of nursing leadership, policy, advocacy and social impact.

In May 2023, Adjunct Professor Ward was awarded a Commendation from the Chief of the Defence Force for her exceptional devotion to military nurses. In August 2023, she raised the statue of Lieutenant Colonel Vivian Bullwinkel at the Australian War Memorial, the first sculpture of an individual nurse or woman to be installed at the Memorial. In 2022, she was named National Winner of Executive / Team Leader of the Year and Overall National Winner at the Outstanding Leadership Awards and in the same year, was named the ACT Winner of the Excellence in Women’s Leadership Awards by Women and Leadership Australia. She has also previously been named Telstra ACT Business Woman of the Year for Purpose and Social Enterprise.

Adjunct Professor Ward holds a Master of Management and is a registered nurse. She also holds honorary professorships with 7 leading Australian universities, and has been awarded several fellowships, including a Wharton Fellow, USA.

Board meetings

The Board meets regularly in accordance with an annually approved timetable and agenda. The Board convened on 11 occasions throughout 2024–25. In accordance with PGPA Act requirements, Board member terms of appointment and details of the number of Board meetings attended during the financial year are outlined below.

Attendance at Board meetings

Board member (all non-executive)	Period as Board member during 2024–25	Meetings attended/ Eligible to attend
Ms Lyn McGrath, Chair	1 July 2024 to 30 June 2025	11/11
Dr Tanya Kelly	1 July 2024 to 30 June 2025	10/11
Mr Daniel McCabe	1 July 2024 to 30 June 2025	10/11
Dr Danielle McMullen	1 July 2024 to 30 June 2025	11/11
Professor Keith McNeil	1 July 2024 to 30 June 2025	10/11
Ms Jodie Geissler	6 November 2024 to 30 June 2025	5/6
Professor Warren Harding AM	27 November 2024 to 30 June 2025	5/6
The Hon Brad Hazzard	27 November 2024 to 30 June 2025	5/6
Professor Christine Bennett AO	26 March 2025 to 30 June 2025	1/3*
Ms Meegan Fitzharris	26 March 2025 to 30 June 2025	2/3*
Dr Bennie Ng	1 July 2024 to 31 October 2024	5/5
Adjunct Professor Kylie Ward	1 July 2024 to 31 October 2024 (Leave of absence 1 July to 31 October 2024)	0/5

*Agency induction had not been finalised prior to the first eligible meeting so member did not attend that meeting.

Advisory committees

The Board relies on expert advisory committees to provide strategic thought leadership in their areas of specialist remit and to assist the Board more broadly in the performance of its functions.

A number of committees are created expressly by the Agency Rule, which prescribes the eligibility requirements for membership (such as relevant expertise) and gives an overview of functions.

Board advisory committees

Clinical and Technical Advisory Committee	The Clinical and Technical Advisory Committee advises on: ● the efficient and effective delivery of clinical care using digital health ● the architectural integration of digital health systems ● changes to digital health system design to improve clinical usability and usefulness based on experience with the use of digital systems ● proposed innovations and measures to improve the efficiency and effectiveness of digital health systems for clinicians and users of the system

	● recommendations in relation to priorities of investment in, and development and implementation of, national digital health systems.
Jurisdictional Advisory Committee	The Jurisdictional Advisory Committee gives guidance on all matters for consideration by the Board in order to facilitate national coordination and consistency across geographic and health sector boundaries. Its members are senior representatives of federal, state and territory health departments.
Consumer Advisory Committee	The Consumer Advisory Committee advises on: ● how to ensure key messages about digital health are communicated effectively to relevant stakeholders and health consumer groups ● recognising the interests of minority and special interest groups so as to ensure that their interests are taken into account in the design and implementation of digital health systems ● establishing and maintaining collaboration with health consumers and providers in relation to digital health systems.
Privacy and Security Advisory Committee	The Privacy and Security Advisory Committee advises on: ● legal issues in relation to digital health systems, including copyright, data privacy issues, confidentiality issues, data security and legal liability ● the long-term legal framework of digital health systems ● privacy and security issues encountered by users of digital health systems and the resolution of any problems arising from monitoring these issues ● standards (including compliance with standards) relating to privacy and security in relation to digital health systems.

The final advisory body, an Audit and Risk Committee, is mandated by Section 45 of the PGPA Act, and Section 17 of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) sets out its powers of review.

Audit and Risk Committee

Audit and Risk Committee	The Audit and Risk Committee was established to help the Board discharge its responsibilities under the PGPA Act and PGPA Rule through review of financial reporting, performance monitoring, risk oversight and management, internal control and legislative and policy compliance. This includes: ● **financial reporting:** activities such as advising on the entity's preparation and review of its annual financial statements, the adequacy of the entity's internal budgeting and reporting and the entity's obligations under the PGPA Act and other relevant Acts ● **performance reporting:** reviewing the framework of key performance indicators and other performance measures, or the entity's annual performance statements; or making recommendations on concerns or opportunities identified by internal or external audits ● **system of risk oversight and management:** advising the entity about internal audit plans; advising about professional standards to be used by internal auditors in the course of carrying out audits; reviewing the entity's response to internal and external audits; and reviewing the entity's risk management framework, which may include review of the entity's risk management plan and business continuity plan ● **system of internal control:** reviewing the entity's compliance framework, governance arrangements and internal control environment.

Audit and Risk Committee

The Audit and Risk Committee provides assurance and advice to the Board on the Agency's risk, governance and control framework and the integrity of its performance and financial reporting. Its efforts are aimed at championing a risk-aware culture that encourages robust risk assessment, risk-informed decision-making and anticipation of risk in the pursuit of Agency objectives. A primary responsibility of the committee under its charter is to oversee the preparation and implementation of the Agency's key risk management initiatives, including audit, fraud control and business continuity activities.

The risk framework is complemented by an assurance framework designed to confirm the operation and effectiveness of key controls. It is developed to industry standards and scaled to Agency requirements. Consistent with annual obligations in its charter, during the reporting period the committee commissioned an Agency-wide assurance map to identify the Agency's key assurance arrangements. This yearly exercise supports early detection and correction of any gaps or duplications in assurance coverage, thereby strengthening the Agency's compliance and review processes and freeing up resources for other use.

Audit committee disclosures

Amendments to the PGPA Rule 2014 in February 2020[7] give greater transparency over audit committee membership and remuneration. The new disclosure requirements align the disclosure of Commonwealth public sector audit committee members' information in relation to names, qualifications, skills, attendance at meetings and remuneration with better practice in the corporate sector. The *ASX Corporate Governance Principles and Recommendations*[8] recommends that listed companies disclose much of the information included in these items. In accordance with the new statutory requirements, the electronic address of the Audit and Risk Committee's charter (the landing page on which a link to the charter is hosted) is https://www.digitalhealth.gov.au/about-us/organisational-structure/board-advisory-committees.

[7] Section 17BE (taa) of the Public Governance, Performance and Accountability Rule 2014.
[8] ASX Corporate Governance Council – Corporate Governance Principles and Recommendations, 4th edition, recommendation 4.1, pp. 19–20.

Member name	Qualifications, knowledge, skills or experience	Attendance at meetings / eligible to attend	Total remuneration GST inclusive	Additional information
Maria Storti	Ms Storti serves as an independent member of several Commonwealth audit committees and is a non-executive director. She is a former Ernst & Young advisory partner and has worked with professional services firms in the areas of audit, consultancy and risk. She has also held senior executive roles in various sectors, including government and education. *Qualifications*: MBA, Bachelor of Economics, Fellow of Chartered Accountants Australia & New Zealand, Fellow of the AICD, member of the Australian Institute of Internal Auditors.	6/6	$41,881.91	Chair
Dr David Bryant	Dr Bryant has over 35 years' experience and understanding of ICT governance and risk management as well as the delivery of ICT projects and services in the public sector environment. He is an Australian Computer Society Certified Professional and Certified Practising Project Director, Australian Institute of Project Management. Dr Bryant is qualified in program management and project management (Accredited Practitioner PRINCE2 [A1122], MSP [A2894] Benefits Management [A249], P30 [A706]). He recently lectured at The Australian National University and is a member of several ICT governance and audit boards in federal government. In late 2016, Dr Bryant completed a PhD investigating the behaviours of key project team members in successful ICT projects. He is a Director of DB Consulting. *Qualifications*: Doctor of Philosophy in Management Information Systems, MBA in Technology Management, Bachelor of Information Technology, Fellow of the Australian Institute of Project Management, Fellow of the Higher Education Academy, Member of the Australian Computer Society, Practising Computer Professional and Graduate of the AICD.	5/5	$26,320.00	Appointment to the Audit and Risk Committee concluded 12 May 2025
Prof Keith McNeil	Professor Keith McNeil has spent the last 42 years in the public health system both here in Australia (Queensland) and overseas in the National Health Service (NHS) in the UK. He has held senior clinical specialist and leadership roles in heart and lung transplantation and pulmonary vascular disease, and latterly moved into the corporate arena as a hospital Chief Executive, health service CEO and senior health department officer. Professor McNeil's more recent appointments include CEO of Metro North Hospital and Health Service; CEO of Cambridge University (Addenbrookes) Hospitals; National Head of IT and Chief Clinical Information Officer (CCIO) for the NHS; Deputy Director-General, CCIO and Chief Medical Officer for Queensland Health. He is currently the Commissioner of the Commission on Excellence and Innovation in Health for the South Australian government. Professor McNeil brings a broad and deep experience	6/6	$0	Agency Board member

Member name	Qualifications, knowledge, skills or experience	Attendance at meetings / eligible to attend	Total remuneration GST inclusive	Additional information
	across healthcare and is passionate about leveraging the digital agenda to transform patient outcomes and embed sustainability in the Australian healthcare system. *Qualifications*: Bachelor of Medicine, Bachelor of Surgery (MBBS) from the University of Queensland, Fellow of the Royal Australasian College of Physicians, Member of the Royal Society of Medicine, Fellow of the Australasian Institute of Digital Health, and Fellow of the Royal Australasian College of Medical Administrators.			
Dr James Myerscough	Dr Myerscough has had a distinguished career as Chief Risk Officer in the financial services industry, consistently implementing a clear, practical approach to risk management. He has acted as a director of material subsidiary entities through times of significant change and challenge. He applies an exceptional background in numerous disciplines and a strong focus on business objectives to bind together the technical and the practical. He holds an outstanding track record of significantly improving the value of risk management activities to executives and boards through this approach. Dr Myerscough is currently engaged as the Chief Risk Officer of Lawcover Insurance, mentoring financial services Chief Risk Officers and teaching in the executive education programs at the Australian Graduate School of Management at the University of New South Wales. He serves as a non-executive director for World Share Australia, a not-for-profit organisation supporting international aid projects. *Qualifications:* Doctor of Philosophy in Engineering Sciences, University of Oxford; Bachelor of Engineering (Electrical), University of Sydney; Bachelor of Science, Applied Mathematics, University of Sydney; Graduate of the AICD.	4/4	$24,765.55	Appointed to the Audit and Risk Committee 3 September 2024

Internal governance

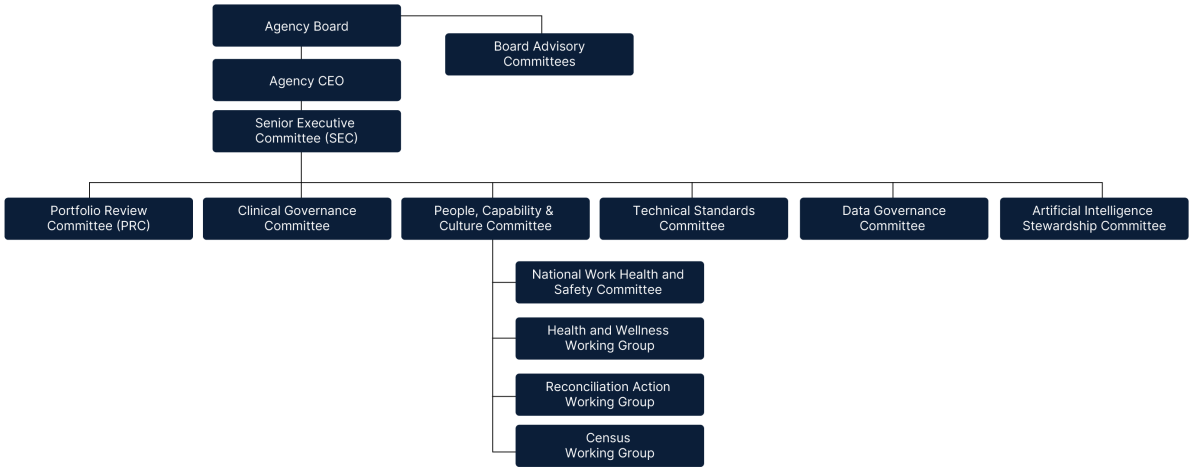
Chief Executive Officer

The CEO leads the Agency in implementing a portfolio of work that supports the Board's vision. Under Section 53 of the Agency Rule, the CEO manages the day-to-day administration of the Agency and does so in accordance with the strategy, plans and policies approved by the Agency Board. The CEO is the primary point of liaison between the Board and senior management.

Senior Executive Committee

The CEO is supported by the Senior Executive Committee. The team meets weekly with the CEO and is active in the implementation of the governance framework through strategic and financial planning, consideration of ongoing and emerging risks, review of controls and monitoring the delivery of performance outcomes.

Internal committees



A range of internal committees also support the Agency's leadership and its ability to deliver on its strategic priorities. The committees were formed after a comprehensive review of the governance framework with a particular focus on committee structures and decision-making processes. The aim was to evaluate governance and assurance capability and processes, as fundamental enablers for the Agency to operate effectively, efficiently, accountably and transparently. With a principles-based approach aligned to organisational values, the Agency has implemented the following fit-for-purpose and streamlined governance committee structure.

The Agency's internal committees are:

Senior Executive Committee	Provides strategic oversight to all Agency committees and is the ultimate escalation point for both committee and other functional advisory and decision-making needs of the Agency.
Portfolio Review Committee	Coordinates and provides oversight of the portfolio investments, performance risks and issues to deliver strategic outcomes in the Agency.
Clinical Governance Committee	Ensures clinical governance is observed in action, is measurable and underpins the Agency's quality, clinical safety and performance agenda.
People, Capability and Culture Committee	Responsible for strategic resource planning and management, including human capital capacity, capability and culture.
Technical Standards Committee	Responsible for reviewing solution architecture design, reference materials and key architecture/ design decisions.
Data Governance Committee	Guides the Agency towards a high level of data maturity, ensuring that data is managed, protected, and utilised in ways that support the Agency's objectives.
Artificial Intelligence Stewardship Committee	Ensures the Agency's approach to artificial intelligence (AI) and emerging technologies is safe, responsible, ethical and transparent.

Risk management

The Agency is committed to comprehensive and coordinated risk management across its strategic, tactical and project-level operations. The Board approved the revised Risk Management Framework, which includes the updated Risk Appetite Statement, in June 2024. The framework aligns to the international standard on risk management (AS/NZS ISO 31000) and the 2023 Commonwealth Risk Management Policy. The framework is designed to support the delivery of the strategic objectives determined by the Board by ensuring that potential adverse events, threats and uncertainties are identified, analysed, evaluated and treated. An equal focus is placed on the active and ongoing reporting of risks to ensure they are captured and escalated, where appropriate, to allow visibility by senior management.

Audit arrangements

The Agency relies on audit activities as an essential tool to identify opportunities to deliver better practices that will drive performance and greater transparency of the Agency's governance and decision-making arrangements.

Internal audit

The Agency's 2024–25 Strategic Internal Audit Plan was delivered by Axiom Associates. The plan was informed by the Agency's risk environment and through collaboration with Agency Executive and was endorsed by the Audit and Risk Committee and approved by the Board. In 2024–25, audit topics included the Agency's conflict of interest

management, performance statements, records management and financial management and procurement. All audit products are presented to the Audit and Risk Committee, and implementation of recommendations is actively monitored to improve Agency processes and performance.

The Agency continues to focus audit resources on areas of high risk while being flexible enough to respond to emerging risks and changing demands. The 2025–26 Strategic Internal Audit Plan is underway to further mature the Agency's capability to deliver its products and services.

External audit

The Auditor-General is the external auditor for the Agency, as required by the PGPA Act. The Auditor-General, through the ANAO, audited the Agency's financial statements to ensure they were prepared in accordance with the Australian Accounting Standards and other requirements prescribed by the Public Governance, Performance and Accountability (Financial Reporting) Rule 2015. The Agency's financial statements are presented in Part 4 of this report. The Auditor-General issued an unmodified audit report for the 2024–25 financial statements of the Agency.

Under its charter, the Audit and Risk Committee is empowered to act as the liaison point between Agency management and the ANAO and to review both the financial accounts and the processes in place that support the integrity of financial information published in the annual report.

No performance audits were conducted by the ANAO on Agency operations in 2024–25.

Fraud and corruption control

The Agency's 2024–26 Fraud and Corruption Control Plan (Control Plan) and Fraud and Corruption Control Policy articulate clear expectations to Agency staff, aimed at ensuring standards of professionalism, individual accountability and ethical behaviour are valued, shared and met across the organisation. The Control Plan is underpinned by policies, plans and procedures such as the accountable authority instructions that encourage responsible public administration and minimise the risk of misappropriation of Agency resources. The Agency assesses all fraud and corruption allegations.

At the end of 2024, the Agency formed a dedicated Integrity Unit. Part of its remit is to focus in a more coordinated manner on the matters raised in the APS Integrity Taskforce report, *Louder Than Words: An APS Integrity Action Plan*, which require delivery of a pro-integrity culture across the APS, including fraud and corruption control and oversight. In April 2025, the Agency provided a response to the APS Commission's Implementation Progress Report for the Integrity Action Plan, which has included an uplift across culture, systems and accountability that will continue to be delivered across 2025–26.

With the introduction of the revised Commonwealth Fraud and Corruption Control Framework in July 2024, The Agency has conducted fraud and corruption control reviews in 2024–25 to strengthen the Agency's prevention, detection and response to fraud.

No material instances of fraud were reported during 2024–25.

Business continuity

In 2024–25, the Agency continued to drive ongoing maturity and governance arrangements for emergency management, incident management, business continuity and crises management and disaster recovery across the Agency through its Resilience and Agility Program.

Under this program, the Agency has developed a new Crisis Management Plan which provides comprehensive guidance to ensure the Agency effectively responds to and recovers from disruptive incidents. In addition, the new

Organisational Resilience Policy and Post Event Review Process provide a holistic approach to Agency resilience uplift by identifying potential threats and impacts to business operations and ensuring organisational learning and improvement from both internal experiences and industry benchmarks.

External scrutiny

The Agency is accountable to the Australian Government through the Minister for Health, Disability and Ageing and to state and territory health ministers through the National Federation Reform Council. It reports quarterly to the Australian Health Ministers' Advisory Council, which is responsible for providing strategic and operational support to the National Federation Reform Council.

The Agency's operations are also open to scrutiny from the Auditor-General, the courts, administrative tribunals, parliamentary committees, the Commonwealth Ombudsman, the Australian Information Commissioner and the community under the freedom of information regime.

Judicial decisions or administrative reviews

There were no judicial or administrative tribunal decisions impacting on the operations of the Agency.

Parliamentary, Ombudsman, Australian Information Commissioner reports

The Agency did not appear before the Senate Estimates (Community Affairs Legislation) Committee public hearings over 2024–25. The Agency was not called to appear by the committee at the November 2024 hearing; the Agency was dismissed by the committee and did not appear at the February 2025 hearing; and the Agency did not appear at the March–April 2025 hearing, noting the remaining sessions were not held once the federal election was called.

No reports on the Agency were released by the Commonwealth Ombudsman but, on 18 March 2025, the Joint Committee of Public Accounts released a report on its Inquiry into the contract management frameworks operated by Commonwealth entities, with regard to a number of ANAO performance audits. This included the ANAO's report *Procurement of My Health Record*, released on 12 June 2024, in which the Agency accepted the ANAO's recommendations to strengthen approval and review processes and record keeping across the procurement and contract management life cycle. The committee recommended that the Agency report back at 6-month and 12-month intervals on its implementation of the audit's recommendations and on the progress and outcomes of the tender process for the new My Health Record procurement.

In addition to the ANAO report, every year the Office of the Australian Information Commissioner (OAIC) produces a report that touches directly on the work of the Agency as My Health Record System Operator. The Information Commissioner has a statutory obligation to produce an annual report on digital health compliance and enforcement activity in accordance with Section 106 of the *My Health Records Act 2012.* That Act contains provisions that protect and restrict the collection, use and disclosure of personal information. The OAIC monitors and enforces compliance with those provisions as the independent regulator of the privacy aspects of the My Health Record system.

On 24 June 2024, the OAIC also released a report on emergency access in the My Health Record system, following a privacy assessment of its use by 150 GP clinics and 150 retail pharmacies. The assessment identified a number of areas of good privacy practice (that prevent, identify and address emergency misuse) as well as areas for improvement (such as stronger training and detection measures). The OAIC concluded that despite the availability of guidance material surrounding privacy obligations and emergency access, a barrier exists to understanding and

implementing these obligations. The Agency will continue its focus on initiatives to raise awareness of these obligations.

Capability reviews

The Australian Public Service Commission oversees a program of external reviews of public sector agencies to assess their ability to meet future objectives and challenges. No capability reviews of the Agency were conducted during the reporting period.

Freedom of information regime

Part 2 of the *Freedom of Information Act 1982* (FOI Act) established the Information Publication Scheme (IPS), effective from 1 May 2011. It reflected a shift to a pro-disclosure culture for government, with the expectation that agencies take the lead in anticipating and publishing material for public accessibility, rather than reacting to ad hoc requests. The scheme compels the Agency to publish certain categories of information online. These include the Agency's structure, functions and decision-making powers, as well as operational information supporting the exercise of those functions and powers. The Agency is also required to publish a plan detailing the information that will be made available as part of the IPS and the steps it will take to ensure compliance with IPS obligations.

The Agency has met the regulatory requirements by website publication of the broad range of information required, as well as by preparing a plan explaining how it will administer the IPS. It undertakes to keep the online content accurate, current and complete.

The Agency recognises that public sector information – information that is generated, collected or funded by government – is a valuable national resource that should be available for community access and use.

Consistent with the objects of the FOI Act and the Agency's commitment to transparency and open government, the Agency favours disclosure in the absence of competing public interest considerations such as the protection of personal information.

During 2024–25, the Agency received 89 requests pursuant to the FOI Act. Information released in response to the FOI Act requests is published in accordance with IPS requirements and accessible in the FOI disclosure log page on the Agency website.

Additional reporting requirements under the PGPA Rule

Ministerial directions and policy orders

The PGPA Rule provides that the Minister for Health, Disability and Ageing may give directions to the Agency about the performance of its functions or the exercise of its powers. In addition, the Minister for Finance, under the PGPA Act, may notify the Board of any general Australian Government policies that apply to the Agency.

No ministerial directions or notifications were given during the 2024–25 reporting period.

Compliance with finance law

The PGPA Rule requires that the Agency report on any significant non-compliance during 2024–25 with finance law (encompassing the PGPA Act, any delegated legislation under that Act, or an Appropriation Act).

The Agency has not identified any significant non-compliance issues during the 2024–25 reporting period.

Significant activities and changes

The PGPA Rule also requires the Agency to provide details of significant activities and changes that affected the operations or structure of the entity during the reporting year. The PGPA Rule requires the Agency to notify the Minister for Health, Disability and Ageing of events such as proposals to form a company, partnership or trust; to acquire or dispose of a significant shareholding in a company; or commence or cease business activities; or to make other significant changes. No significant events of that nature arose during 2024–25.

Related entity transactions

The Agency is an Australian Government–controlled corporate Commonwealth entity. It has a governing Board of members, a CEO and SEC members and a Portfolio Minister.

Pursuant to AASB 124 Related Party Disclosures (AASB 124), Agency Key Management Personnel (KMP) are asked to provide details of where any of their close family members, or a controlled Agency/entities has/have transacted with the Agency. Where any doubt exists, the information is to be recorded and collected in any event.

AASB 124 requires disclosure of related party relationships that include transactions where significant influence exists between the Agency and other parties. The Standard identifies that KMP have the capacity to influence the operations of the Agency, and therefore parties related to KMP become related parties to the Agency and require disclosure in the annual financial statements. The Agency has determined that all Board members, the CEO and SEC members constitute KMP. This includes those acting in a role for 3 months or more continuously.

Given the breadth of government activities, related parties may transact with the government sector in the same capacity of ‘common citizens’. Common citizen or ‘open contest’ transactions are not requested or recorded, as they reflect those transactions that may be undertaken with the Agency under the same terms and conditions as any other citizen.

The Agency transacts with other Australian Government–controlled entities consistent with normal day-to-day business operations provided under normal terms and conditions, including the payment of workers compensation and insurance premiums. These are not considered individually significant to warrant separate disclosure as related party transactions.

During 2024–25, the Agency transacted for specific services with related parties including:

- the provision of My Health Record and other digital health services and contact centre services from Services Australia
- the provision of shared services from the Department of Health, Disability and Ageing
- accommodation sub-lease arrangements with the Department of Health, Disability and Ageing
- accommodation sub-lease arrangements with Intellectual Property Australia
- managed services from the Commonwealth Scientific and Industrial Research Organisation for the National Clinical Terminology Service
- the provision of services to support digital health initiatives to the Department of Health, Disability and Ageing
- the provision of services to support the Agency's digital health programs and outcomes with various state/territory government entities.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the Agency, it has been determined that there are no related party transactions to be separately disclosed.

Insurance and indemnities

The PGPA Rule requires the Agency to provide details of any indemnity that applied to the Agency Board, any member of the Board or officer of the Agency against a liability (including premiums paid, or agreed to be paid, for insurance against the Agency Board, member or officer's liability for legal costs). In 2024–25 the Agency maintained directors' and officers' liability insurance, which covers Board members as part of its overall insurance arrangements with the Commonwealth's self-managed insurance fund, Comcover. The premium paid for this coverage for 2024–25 was $235,381.18 (GST inclusive).

Human resources management

The Agency's Workforce Strategy 2021–2026 provides the vision for how we can enable a high-performing, adaptable and capable workforce to support the delivery of objectives.

Following the Agency securing ongoing funding through the 2023–24 Federal Budget, a Workforce Strategy Addendum was developed. An Addendum realised the opportunity to refine and refocus workforce priorities, strengthening foundations and ensuring the Agency can meet the needs of the government and Australians for years to come.

Aligned to the Workforce Strategy priority areas, the Addendum defined the actions the Agency has delivered over 2024–25 to ensure our people strategies, processes and initiatives are meeting employees' needs and enabling them to do their best work, while maintaining a strategic, targeted and long-term investment aligned to Agency outcomes. A new People Strategy for 2026 and beyond is in development and will be launched in late 2025. The People Strategy will set out our areas of focus over the next 3 years.

Values-based and people-centred culture

The Agency has continued to build a values-based and people-centred culture to ensure our people engage with and display the Agency and APS values and embody the Agency vision in all that they do. The Agency facilitates opportunities to:

- collaborate and connect through all-staff meetings, in-office events and corporate-giving campaigns

- engage to ensure staff understand how they contribute to the Agency's mission, recognised through executive messaging and the Agency recognition program
- listen through a continuous feedback loop, including the APS Employee Census and internal surveys.

In 2024–25 the Agency took steps to bring core work in-house in line with the APS Strategic Commissioning Framework. Our targets for 2024–25 aimed to bring $1,342,682 of core work in-house in portfolio, program and project management, communications and marketing and service delivery. Eighteen of the 19 targeted conversions were achieved; however, recruitment delays due to market conditions meant the savings target was partially achieved, with an actual reduction of $614,777.50 in relevant supplier expenditure in 2024–25.

The APS Bargaining process and Agency Enterprise Agreement 2024–2027 presented an opportunity for greater consistency in conditions of employment for both APS and common law employees.

Over 2024–25 a key area of focus was improving onboarding and induction processes as this was recognised as a key contributor to employee experience, which contributes to stronger retention.

The e-Recruit system is now fully operational, following the successful completion of the final phase of implementation in January 2025. This milestone marks the delivery of a comprehensive, end-to-end recruitment solution that seamlessly integrates with Service Now to support onboarding processes. The system has been designed to align with the Agency's Enterprise Agreement and reflect the latest updates to recruitment policies, ensuring compliance and consistency across all hiring activities.

With full optimisation achieved, the platform now enables enhanced recruitment performance through improved data accuracy and process efficiency. This allows for the generation of reliable, evidence-based metrics and reporting, empowering decision-makers with actionable insights to support strategic workforce planning and continuous improvement.

A key component of how employees experience their time with the Agency will start with the Agency's mandatory training requirements. After feedback in 2022–23, a new Essential Learning Program was developed to ensure clear alignment to legislative requirements and meet user and Agency needs. The program emphasises the benefits of the behaviours and positive culture we want to create and maintain and incorporates mandatory learning requirements introduced through the Agency Enterprise Agreement. The program launched in June and will be rolled out as a phased approach over the second half of 2024. Initial feedback through the consultation process was consistent that this change would make a significant difference to team members' and managers' experience in the Agency.

Workforce capability

The Agency's Learning and Development Strategy reinforces the need for our workforce to have the skills and behavioural attributes to deliver our objectives with support for continuous development. The Agency makes a significant investment in learning and development, including core skills development, through:

- Agency-specific workshops and resources
- leadership development including workshops, guest speakers, eLearning, resources, and diagnostic tools such as the DiSC profile
- access to external partners such as the Australasian Institute of Digital Health, APS Academy, LinkedIn Learning and Growth Faculty
- support for individual and team-based training needs
- continued professional development with eligible staff able to access financial and/or leave support for approved courses of study.

Following the establishment of our inaugural graduate program in 2023, the Agency welcomed 20 graduates in February 2025, reinforcing our commitment to investing in our talent pipeline and creating career pathways for

future leaders. Our graduates participate in the APS Graduate Program to build foundational skills, behaviours, mindsets and networks to make a significant contribution to the APS. The Agency supports further development through Agency-specific learning, mentoring and exposure to different work areas throughout their 12-month program.

Leadership development and empowerment

The Agency is dedicated to fostering a high-performance, pro-integrity culture by empowering leaders at all levels through a system of continuous feedback, formal performance reviews and targeted development opportunities.

Since the launch of the APS SES Performance Leadership Framework in October 2023, the Agency has taken a range of actions to implement and embed the core elements of the Framework. This includes updated performance criteria to reinforce that behaviours are equally as important as outcomes when delivered for government and embedding continuous feedback via a 360-degree feedback cycle.

To extend and leverage implementation of the SES Framework, the Agency developed our DRIVE leadership development programs targeting APS6 to EL2 employees. These programs align to the APS Values and Secretaries Charter of Leadership Behaviours, aiming to increase our collective leadership impact. Participants benefit from invaluable insights and practical strategies on crucial aspects of leadership, enabling safe, inclusive and trusted team cultures, while strengthening partnership and accountability for improved outcomes.

In May 2025, the Agency launched Manager Connect, a series of courses designed to equip people managers with the essential skills and knowledge necessary for effective management within both the Agency and APS contexts. Each course focuses on a key aspect of team management, such as optimising performance, building high-performing teams and ensuring professional and safe workplaces. Manager Connect supports both emerging and experienced managers in their ongoing professional growth.

Leaders and managers within the Agency also benefit from additional development opportunities through the APS Academy, Growth Faculty and LinkedIn Learning.

Diversity and inclusion

The Agency has a strong commitment to a diverse and inclusive workforce. Our 2025 Census results show that 36% of our staff identify as culturally and linguistically diverse and 88% of staff feel the Agency supports and actively promotes an inclusive workplace culture. This is 6% higher than similar-sized agencies and 4% higher than the APS overall.

The Agency's Innovate Reconciliation Action Plan (RAP) 2023–2025 was launched in October 2023 and is the Agency's second RAP.

As part of implementation of the RAP, a new anti-discrimination policy has been developed through engagement with Aboriginal and Torres Strait Islander staff. Through implementation of the Agency's Enterprise Agreement, HR policies and processes will be updated to incorporate new conditions for consideration of connection to Country and cultural obligations in response to request for changes in work location; clarity on the ability to substitute a culture or religious day of significance; and cultural, ceremonial and NAIDOC Week leave provisions.

The Agency recognises the significance of National Reconciliation Week, NAIDOC Week and National Close the Gap Day with all-staff events and activities. On National Close the Gap Day in April 2024, the Agency launched a new suite of diversity and inclusion courses. This investment supports the work to embed diversity and inclusion in our policies, processes and systems, as well as contributing to our legislative obligations relating to discrimination, harassment, psychosocial hazards and gender equality.

In 2024, we submitted our report to the Workplace Gender Equality Agency for the second time, covering the reporting period from 1 January 2023 to 31 December 2023. The results revealed that the Agency's gender pay gap stands at 7.9%, which is 0.6 percentage points higher than the comparison group. Due to size, the Agency has increased reporting requirements for the 2024 calendar year, and the Agency continues to be compliant under the *Workplace Gender Equality Act 2012*, including in relation to these additional requirements.

We remain committed to gender equality and are actively working to strengthen our efforts in this area. Our initiatives include the finalisation of the new People Strategy, the development of a Diversity and Inclusion Action Plan, and ongoing engagement with the Workplace Gender Equality Agency. These efforts will further reinforce our dedication to promoting gender equality within our workforce.

A new diversity and inclusion action plan for 2026 will focus on achieving our goals to increase representation across diverse groups including gender, disability and First Nations employees. These goals will continue to strengthen the current sentiment from staff regarding the respectful and inclusive culture.

Flexible work arrangements

The Agency is proud of our flexible working arrangements supporting all staff to access different types of flexibility to support productivity, engagement, attraction, retention and wellbeing of a high-performing workforce. Flexible work arrangements support our diverse and inclusive workforce and digital nature of our organisation through arrangements such as part time, flexible hours, compressed work week and working away from the office/at home.

The 2025 Census results highlighted a high level of satisfaction with the Agency's arrangements, noting that:

- 87% of staff report that they are satisfied with their non-monetary employment conditions (e.g. leave, flexible working arrangements, other benefits)
- 95% of employees agreed that they were confident a flexible work request would be given reasonable consideration.

To support the Agency's flexible working arrangements, various leadership capability development, wellbeing and psychosocial risk approaches were put in place to ensure ongoing maturity in the management of a hybrid and flexible workforce.

Staff statistics

The Agency is empowered to employ staff under the *Public Service Act 1999* as well as under its own enabling legislation, the Agency Rule. At 30 June 2025, the Agency employed 736 staff under both those arrangements with offices located in Brisbane, Sydney and Canberra.

The tables below give a breakdown of staff across offices in the form mandated by a 2019 amendment to the PGPA Rule 2014.[9] The tables record the numbers of ongoing (permanent) and non-ongoing (temporary) staff, full-time or part-time status, gender and location, with data for both the current and previous year.

[9] Inclusion of a new Section 17BE(ka) in the Public Governance, Performance and Accountability Rule 2014.

All ongoing employees current report period (2024–25)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	*Total*	Full time	Part time	*Total*	Full time	Part time	*Total*	Full time	Part time	*Total*	Full time	Part time	*Total*	
NSW	92	2	94	102	10	112	-	-	-	-	-	-	-	-	-	206
Qld	104	3	107	146	10	156	-	-	-	-	-	-	-	-	-	263
SA	1	0	1	1	0	1										2
Tas	1	0	1													1
Vic	6	-	6	8	1	9	-	-	-	-	-	-	-	-	-	15
WA	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1
ACT	67	1	68	112	7	119	-	-	-	-	-	-	-	-	-	187
Total	271	6	277	369	29	398	-	-	-	-	-	-	-	-	-	675

All non-ongoing employees current report period (2024–25)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	
NSW	3	-	3	16	4	20	-	-	-	-	-	-	-	-	-	23
Qld	3	-	3	11	-	11	-	-	-	-	-	-	-	-	-	14
Vic		-	-	2	-	2	1	-	1	-	-	-	-	-	-	3
ACT	9	-	9	11	1	12	-	-	-	-	-	-	-	-	-	21
Total	15	-	15	40	5	45	1	-	1	-	-	-	-	-	-	61

All ongoing employees previous report period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	**Part time**	*Total*	**Full time**	**Part time**	*Total*	**Full time**	**Part time**	*Total*	**Full time**	**Part time**	*Total*	**Full time**	**Part time**	*Total*	
NSW	59	1	60	73	6	79	-	-	-	-	-	-	-	-	-	139
Qld	90	1	91	122	5	127	-	-	-	-	-	-	-	-	-	218
Vic	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2
WA	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1
ACT	53	1	54	87	2	89	-	-	-	-	-	-	-	-	-	143
Total	204	3	207	282	14	296	-	-	-	-	-	-	-	-	-	503

All non-ongoing employees previous report period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	**Full time**	**Part time**	Total	
NSW	5	0	5	5	2	7	-	-	-	-	-	-	-	-	-	12
Qld	2	0	2	10	1	11	-	-	-	-	-	-	-	-	-	13
Vic	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	0
ACT	5	1	6	6	0	6	-	-	-	-	-	-	-	-	-	12
Total	12	1	13	21	3	24	-	-	-	-	-	-	-	-	-	37

Executive remuneration

In April 2019, the PGPA Rule was amended to provide greater clarity over Commonwealth executive remuneration and to standardise annual report disclosure of the remuneration of KMP, senior executives and other highly paid staff. In 2020, the PGPA Rule was further amended to extend remuneration reporting to members of the Agency's Audit and Risk Committee. These new requirements recognise the heightened interest from Parliament and the public for transparency over remuneration arrangements. They are to replace online reporting of executive remuneration on the Agency's website introduced in 2016–17 and supplement aggregate reporting for KMP in financial statements. The disclosures include KMP, senior executives and other highly paid staff.

Key management personnel (KMP)	Under accounting standards, KMP are defined as having authority and responsibility for planning, directing and controlling the activities of the Agency. The Agency has determined KMP to be its Board members, its CEO and Senior Executive Committee. This is consistent with the reporting of the Agency's KMP in its financial statements (in Part 4). Under the new arrangements, KMP, their positions and total remuneration package are identified, reflecting the shift to individual (rather than aggregate) reporting for the Agency's Board and leadership team.
Senior executives	Senior executives encompass the Agency's branch managers and anyone (who does not qualify as a KMP) who is responsible for decision-making or having substantial input to decisions affecting the operations of the Agency.
Other highly paid staff	Whereas the above 2 categories are determined by role or classification, this final category, other highly paid staff, is decided solely on the basis of remuneration. It captures any staff who are neither KMP nor senior executives whose total remuneration exceeds an annual reporting threshold of $260,000 for the 2024–25 reporting period (this figure will be indexed yearly).

Remuneration policies and practices

The Agency employs APS employees under the *Public Service Act 1999* and common law employees under the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016.

Following APS-wide bargaining, the Agency completed agency-level bargaining consistent with the Public Sector Workplace Relations Policy 2023. The Australian Digital Health Agency Enterprise Agreement 2024–2027 was approved by the Fair Work Commission on 27 March 2024 and came into operation on 3 April 2024. Of eligible Agency staff, 81% voted with 90% voting in support of the new Agreement.

The new Agreement resulted in an 11.2% pay increase applied over 3 years to both APS and common law employees (if they were within the salary bands). When compared to previous entitlements, the APS common conditions provided Agency staff with:

- 30 improved conditions
- 13 conditions that remained the same or equal
- one condition was retained as it was better than the APS Common Condition.

The Enterprise Agreement resulted in greater consistency of conditions across the Agency. Common law employees are now able to access flex time for APS 1 to 6 employees, executive time off in lieu, an increase in personal leave entitlements from 15 to 18 days, eligibility for workplace responsibility allowance payments and alignment of superannuation entitlements to 15.4%.

Remuneration governance arrangements

In 2024 the Agency set up a Remuneration Committee to more systematically track, monitor and ensure compliance with legislative obligations. This committee also considers remuneration regarding attraction and retention, acknowledging the Agency has a high proportion of specialist roles that often attract higher salaries outside the public sector. The Remuneration Committee will also consider individual flexibility arrangements applications and reviews, along with SES remuneration.

The Agency formed an Enterprise Agreement Implementation Consultative Committee under clause 441 of the Enterprise Agreement. This committee is the peak employee consultation body ensuring staff have an effective voice in the implementation of the Enterprise Agreement. The committee chair is the Chief Operating Officer, with members including representatives from management, each division and union.

Remuneration levels for SES employees are managed in accordance with the APS Executive Remuneration Policy and the Public Sector Workplace Relations Policy 2023. The CEO determines the appropriate level of pay for SES positions in line with SES remuneration policy. Remuneration levels are reviewed annually with consideration to individual performance, organisation performance and affordability, market competitiveness and the remuneration framework.

The CEO position is managed through the Remuneration Tribunal, an independent statutory authority that handles remuneration of key Commonwealth offices.

Remuneration tables

Under requirements introduced in 2019–20 reporting year, each of the Agency's KMP names, positions and remuneration packages are identified.

Key management personnel

The remuneration information in the tables below is presented in accordance with 2019 amendments to the PGPA Rule.[10]

[10] Sections 17BE(ta), 17CA-CC and Schedule 3 of the Public Governance, Performance and Accountability Rule 2014.

Remuneration of key management personnel

		Short-term benefits ($)			Post-employment benefits ($)	Other long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
Name	**Position title**	**Base salary**	**Bonuses**	**Other benefits and allowances**	**Superannuation contributions**	**Long service leave**	**Other long-term benefits**		
Amanda Cattermole	Chief Executive Officer	$ 577,219	-	-	$ 79,584	$ 8,044	-	-	$ 664,847
Joanne Greenfield	Chief Operating Officer	$ 347,372	-	$ 10,800	$ 53,654	$ 5,162	-	-	$ 416,988
Paul Creech	Chief Program Officer	$ 359,385	-	$ 3,113	$ 68,692	$ 19,882	-	-	$ 451,072
Peter O'Halloran	Chief Digital Officer	$ 386,162	-	$ 3,113	$ 55,394	$ 8,696	-	-	$ 453,364
John Borchi	Chief Technology Officer	$ 314,365	-	$ 8,925	$ 55,998	$ 7,690	-	-	$ 386,977
Dr Amandeep Hansra	Chief Clinical Advisor (Medicine)	$ 226,278	-	-	$ 33,139	$ 5,159	-	-	$ 264,575
Karen Booth	Chief Clinical Advisor (Nursing)	$ 154,137	-	-	$ 23,686	$ 3,856	-	-	$ 181,678
Lyn Mcgrath	Board Chair	$ 131,264	-	-	$ 14,287	-	-	-	$ 145,552
Danielle McMullen	Board Member	$ 71,989	-	-	$ 8,279	-	-	-	$ 80,268
Brad Hazzard	Board Member	$ 41,221	-	-	$ 4,740	-	-	-	$ 45,961
Warren Harding	Board Member	$36,893	-	-	$ 4,243	-	-	-	$ 41,135
Meegan Fitzharris	Board Member	$ 15,414	-	-	$ 3,106	-	-	-	$ 18,520
Christine Bennett	Board Member	$ 15,414	-	-	$ 1,773	-	-	-	$ 17,187
Bennie Ng	Board Member	$ 28,288	-	-	$ 4,356	-	-	-	$ 32,644
Kylie Ward	Board Member	$ 26,721	-	-	$ 4,016	-	-	-	$ 30,737

Senior executives

Senior executive disclosures are at aggregate level, reporting on averaged remuneration packages within dollar ranges ($25,000 bands), and show the number of executives within each band.

Other highly paid staff

The final category to be reported is other highly paid staff – defined as employees who do not fall into the categories above (KMP or senior executives) but whose average reportable remuneration was $260,000 or more during the financial period.

The value of remuneration packages for senior executives and other highly paid staff is presented in the tables below.

Remuneration of senior executives

		Short-term benefits ($)			Post-employment benefits ($)	Other long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
Total remuneration bands	Number of senior executives	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
0–220,000	5	106,063	-	1,223	28,623	8,738	-	-	144,647
220,001–245,000	-	-	-	-	-	-	-	-	-
245,001–270,000	-	-	-	-	-	-	-	-	-
270,001–295,000	4	208,132	-	9,281	41,175	14,304	-	13,216	286,108
295,001–320,000	3	245,148	-	-	44,024	20,160	-	-	309,332
320,001–345,000	6	275,081	-	1,442	46,320	9,569	-	-	332,412
345,001–370,000	2	300,160	-	8	53,286	7,703	-	-	361,157
370,001–395,000	-	-	-	-	-	-	-	-	-
395,001–420,000	1	303,632	-	6,764	44,684	59,566	-	-	414,646

Remuneration of other highly paid staff

		Short-term benefits ($)			Post-employment benefits ($)	Other long-term benefits ($)		Termination benefits ($)	Total remuneration ($)
Total remuneration bands	Number of senior executives	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
260,001–270,000	3	204,738	-	12,542	31,496	14,331	-	-	263,107
270,001–295,000	4	202,302	-	31,277	33,575	15,107	-	-	282,262

Mandatory reporting requirements under various Commonwealth legislation

Workplace health and safety

Valuing the Agency's people extends to recognising the responsibility to promote their health and wellbeing and to meet employer obligations under the *Work Health and Safety Act 2011* (WHS Act).

Under the WHS Act, the Agency must provide statistics of any notifiable incidents (serious work-related injuries or illness) and details of any investigations conducted during the reporting period. In accordance with Schedule 2, Part 4 of that Act, the Agency is also required to report on initiatives taken during the year to ensure workplace health and safety and the outcomes of those initiatives.

The Agency's National Work Health and Safety Committee is the key forum that supports the Agency's health and safety culture. It oversees and coordinates the Agency's compliance with the WHS Act and its implementation, including the development of WHS policies and promotion of safe work practices. Committee representatives worked closely with senior managers and supervisors to deliver a number of prevention and early intervention initiatives to minimise the risk of workplace injuries and enable staff to work in a happy and healthy environment and maintain a work–life balance.

All staff are assigned mandatory training obligations on commencement, with annual refresher training requirements, to ensure they are aware of their individual responsibility for maintaining a safe work environment.

Throughout 2024–25, the Agency focused on initiatives to promote and increase the physical and psychological wellbeing of staff. The Agency:

- conducted a comprehensive review of its WHS committee structure to improve staff representation and ensure effective WHS support
- enhanced the capability of WHS networks through targeted development and support for Health and Safety Representatives, First Aid Officers, Mental Health First Aid Officers and Harassment Contact Officers
- underwent a proactive inspection from Comcare regarding its WHS consultation, coordination and cooperation arrangements, which affirmed the effectiveness of the Agency's practices
- continues to provide all staff, including contractors, with access to our Employee Assistance Program
- facilitates workstation assessments and workplace adjustments for staff
- provides dedicated case management support for both early intervention and cases requiring long-term support
- continues to mature its approach to early intervention to prevent and reduce the impact of injuries and illness and support employees to return to work as quickly as possible
- delivered an annual Agency-funded influenza vaccination program
- supports leaders to create and maintain a safe work environment targeted engagement and interventions
- continued support for flexible working arrangements, supporting staff to balance personal and professional commitments
- delivered training focused on appropriate workplace behaviour, including details of the Respect@Work findings, the Respect@Work model for preventing and responding to sexual harassment, and positive duty requirements to create a safe workplace environment.

The Agency has an active Health and Wellness Committee engaging staff in a broad range of initiatives to enhance the employee experience and engagement. Initiatives in 2024–25 included participation in the 10,000 Steps challenge, parkrun and a weekly virtual tabata workout. The committee created awareness about and engagement with relevant all-staff observances of events such as Men's Health Week and RUOK? Day and promoted a charity drive for Heart On My Sleeve.

These initiatives have assisted employees in adopting healthy work and lifestyle practices and reflect the Agency's commitment to fostering a strong health and safety culture.

No incidents occurred that were reportable under Section 38 of the WHS Act. There were no Comcare investigations, and no notices were issued under Part 10 of the WHS Act.

Advertising and market research

Under Section 311A of the *Commonwealth Electoral Act 1918* the Agency is required to disclose payments exceeding $16,900 (GST inclusive) to advertising agencies, market research, polling, direct mail or media advertising organisations.

During 2024–25 the Agency's total payments to advertising, market research and media services over the reporting threshold was $4,875,131.40 (GST inclusive). The following table shows the breakdown of payments by category.

Advertising, market research and media expenditure

Market research organisation	**Expenditure** ($, GST inclusive)
Fifty-Five Five Pty Ltd	$620,880.60
Stokes Mischewski Pty Ltd	$140,800.00
Whereto Research Based Consulting Pty Ltd	$1,469,497.17
Media advertising organisation	**Expenditure** ($, GST inclusive)
Mediabrands Australia Pty Ltd	$2,643,953.63
Total	$4,875,131.40

Ecologically sustainable development and environmental performance

Under Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999*, the Agency is obliged to report on:

- ecologically sustainable development – how its activities accord with, and contribute to, environmental sustainability
- environmental performance – how its activities impact on the environment, and measures taken to minimise their impact.

Digital health's contribution to ecological sustainability

Discussion of the benefits of digital health rightly tends to focus on improved patient outcomes and the delivery of high-quality, safe and cost-effective care. In addition, the Agency is helping to build a digital health future that promotes environmental sustainability. In this future, online health records will replace paper files, electronic diagnostic imaging reports will reduce plastic waste from x-rays, and telehealth will reduce reliance on patient transportation by lessening the need for face-to-face consultations.

Agency strategies to minimise environmental footprint

From an operational perspective, the Agency is mindful of its environmental responsibility and has taken steps to ensure both the efficient use of resources and effective waste management through the use of:

- video and teleconferencing facilities as an alternative to travel, wherever possible
- flexible working spaces, such as hot desking, and activity-based working
- initiatives to reduce paper consumption, such as introduction of paperless processes and follow-me printing in business areas, the use of dual monitors at workstations, large screen displays in group settings and web-based sharing tools across teams
- recycling programs for paper, communal and co-mingled waste to minimise disposal to landfill
- energy-efficient practices in air-conditioning, computer and lighting, such as lighting control systems activated by motion sensors.

Agency actions to reduce our environmental impact will continue to evolve as technology and automation enable us to increase our efficiency and reduce our environmental footprint.

Net zero emission reporting

As part of the Net Zero in Government Operations Strategy and the reporting requirements under section 516A of the *Environment Protection and Biodiversity Conservation Act 1999*, non-corporate Commonwealth entities, corporate Commonwealth entities and Commonwealth companies are required to report on their operational greenhouse gas emissions. The greenhouse gas emissions reported are calculated on the basis of Carbon Dioxide Equivalent (CO_2-e) and in line with the Emissions Reporting Framework.

This is consistent with a Whole-of-Australian Government approach, outlined in the Net Zero in Government Operations Strategy, and Commonwealth Climate Disclosure requirements. Reporting greenhouse gas emissions provides transparency in understanding the sources and levels of greenhouse gases being emitted to target mitigation efforts. Tracking over time will enable an evaluation of progress towards emission reduction goals. The Greenhouse Gas Emissions Inventory and Electricity Greenhouse Gas Emissions tables below present Agency greenhouse gas emissions over the 2024–25 financial year.

Greenhouse gas emissions inventory – location-based method

Emission source	Scope 1[1] t CO_2-e	Scope 2[2] t CO_2-e	Scope 3[3] t CO_2-e	Total t CO_2-e
Electricity (location-based approach)[4]	N/A[5]	136.27	13.86	150.13
Natural gas[6]	114.03	N/A	28.99	143.02
Solid waste[7]	0	N/A	0	0
Refrigerants	0	N/A	N/A	0
Fleet and other vehicles	0	N/A	0	0
Domestic commercial flights	N/A	N/A	335.19	335.19
Domestic hire car	N/A	N/A	0	0
Domestic travel accommodation	N/A	N/A	67.85	67.85
Other energy	0	N/A	0	0
Total t CO_2-e	**114.03**	**136.27**	**445.89**	**696.19**

Note: This table presents emissions related to electricity usage using the location-based accounting method. [1] Scope 1 is direct emissions from entity facilities. [2] Scope 2 is indirect emissions from purchased electricity, steam, heating and cooling for own use. [3] Scope 3 is all other indirect emissions, including from leased assets upstream and downstream. [4] Where the electricity billing period does not align with the end of the financial year, a daily average was used to determine the emissions for the financial year. [5] N/A = Not Applicable. [6] The Agency reported natural gas emissions for the first time in 2024–25, following relocation of its Canberra tenancy to a site that included natural gas usage. [7] Solid waste data was unable to be sourced and has not been included.

Electricity greenhouse gas emissions

Emission source	Scope 2 t CO_2-e	Scope 3 t CO_2-e	Total t CO_2-e	Electricity kWh[1]
Electricity (location-based approach)	136.27	13.86	150.13	199,018.91
Market-based electricity emissions	130.76	17.76	148.52	161,429.49
Total renewable electricity consumed	N/A	N/A	N/A	37,589.41
Renewable Power Percentage [2]	N/A	N/A	N/A	36,211.49
Jurisdictional Renewable Power Percentage [3]	N/A	N/A	N/A	1,377.92
GreenPower [4]	N/A	N/A	N/A	0
Large-scale generation certificates [5]	N/A	N/A	N/A	0
Behind the meter solar	N/A	N/A	N/A	0
Total renewable electricity produced	**N/A**	**N/A**	**N/A**	**0**
Large-scale generation certificates	N/A	N/A	N/A	0
Behind the meter solar	N/A	N/A	N/A	0

Note: The table presents emissions related to electricity usage using both the location-based and the market-based accounting methods. [1] Electricity usage is measured in kilowatt hours (kWh). [2] Listed as *Mandatory renewables* in 2023–24 annual reports. The renewable power percentage accounts for the portion of electricity used, from the grid, that falls within the Renewable Energy Target. [3] Listed as *Voluntary renewables* in 2023–24 annual reports. The Australian Capital Territory is currently the only region with a jurisdictional renewable power percentage. [4] Listed as *Voluntary renewables* in 2023–24 annual reports. [5] Listed as *Voluntary renewables* in 2023–24 annual reports.

Part 4. Financial statements

Information about this part

This part reports on the Agency's financial performance and includes financial statements audited by the Auditor-General.

Financial summary

The Agency is jointly funded by Commonwealth appropriation ($332.67 million) and funding from the states and territories ($32.25 million).

Financial outcome

The Agency had a total operating revenue of $333 million and incurred total expenses of $385 million. As a result, the Agency recorded an operating deficit of $52 million in 2024–25.

Audited financial statements

The ANAO inspected the Agency's financial records and provided an unqualified audit opinion on the financial statements and accompanying explanatory notes on 28 August 2025. The ANAO's independent auditor's report and the Agency's financial statements are presented below.

Australian Digital Health Agency

Financial Statements

for the period ended 30 June 2025

Australian Digital Health Agency

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INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Opinion

In my opinion, the financial statements of the Australian Digital Health Agency (the Entity) for the year ended 30 June 2025:

(a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Entity as at 30 June 2025 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2025 and for the year then ended:

- Statement by the Chair of the Board, the Chief Executive and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Statement of Cash Flows; and
- Notes to and forming part of the financial statements, comprising a summary of material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Board is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Board is also responsible for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an

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Australian Digital Health Agency
Independent Audit Report

administrative restructure or for any other reason. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office

Jennifer Carter

Audit Principal

Delegate of the Auditor-General

Canberra

28 August 2025

Australian Digital Health Agency
STATEMENT BY THE CHAIR OF THE BOARD, THE CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2025 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Digital Health Agency will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Australian Digital Health Agency Board.

Signed.....	Signed.....	Signed.....
Lyn McGrath	Amanda Cattermole	Tara Gould
Board Chair	Chief Executive Officer	Chief Financial Officer
Accountable Authority		
28 August 2025	28 August 2025	28 August 2025

Australian Digital Health Agency
Statement of Comprehensive Income
for the period ended 30 June 2025

	Notes	ACTUAL 2025 $'000	ACTUAL 2024 $'000	Original Budget $'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	**93,796**	69,008	83,287
Suppliers	1.1B	**259,089**	180,927	234,402
Depreciation and amortisation	2.2A	**31,508**	32,473	67,217
Finance costs	1.1C	**298**	161	350
Write-down and impairment of assets		**36**	386	-
Total expenses		**384,727**	282,955	385,256
Own-Source Income				
Own-Source Revenue				
Revenue from contracts with customers	1.2A	**1,068**	4,595	-
Contributions from jurisdictions	1.2B	**32,250**	32,250	32,250
Interest	1.2C	**12,038**	9,808	-
Other revenue		**3**	2	-
Total own-source revenue		**45,359**	46,655	32,250
Other gains		**128**	-	-
Total gains		**128**	-	-
Total own-source income		**45,487**	46,655	32,250
Net cost of services		**(339,240)**	(236,300)	(353,006)
Revenue from Government	1.2D	**286,896**	269,304	285,789
Surplus/(Deficit) on continued operations		**(52,344)**	33,004	(67,217)
OTHER COMPREHENSIVE INCOME				
Items not subject to subsequent reclassifications to net cost of services				
Changes in Asset Revaluation Surplus		**275**	5	-
Total other comprehensive income		**275**	5	-
Total comprehensive income/(loss) attributable to the Australian Government		**(52,069)**	33,009	(67,217)

The above statement should be read in conjunction with the accompanying notes.

Australian Digital Health Agency
Statement of Comprehensive Income
for the period ended 30 June 2025

Budget Variances Commentary

Expenses

Overall, 2024-25 expenses are $1.0 million (0%) lower than the 2024-25 Portfolio Budget Statement estimates (original budget), largely driven by:

- Supplier expenses being $26.1 million (10%) higher than original budget due to increased contractor costs as a result of the expansion of agency activities and the rollout of strategic programs.
- Employee Benefits expenses are $10.7 million (13%) higher than original budget as a result of a 3.8% pay rise implemented in March 2025 under the Agency's Enterprise Agreement. Additionally, the average staffing level for the year was higher than the budgeted forecast also as a result of the expansion of agency activities and the rollout of strategic programs.
- Depreciation and Amortisation expenses are $35.7 million lower than the original budget due to the timing of projects with asset capitalisations occurring later in the year than originally intended reducing periods of deprecation.

Own-Source Income

Own Source Income is $13.1 million (41%) higher than original budget largely driven by the receipt of $12.0 million of interest earnt on the agency's cash balance which is unbudgeted due to the variability of cash available to invest and market interest rates.

Australian Digital Health Agency
Statement of Financial Position
as at 30 June 2025

		ACTUAL		
	Notes	2025 $'000	2024 $'000	Original Budget $'000
ASSETS				
Financial assets				
Cash and cash equivalents	2.1A	**125,507**	130,347	50,212
Trade and other receivables	2.1B	**6,686**	7,823	4,520
Total financial assets		**132,193**	138,170	54,732
Non-financial assets				
Leasehold improvements	2.2A	**4,516**	4,832	11,790
Right of Use assets	2.2A	**10,940**	8,904	26,144
Plant and equipment	2.2A	**4,447**	5,910	1,685
Intangibles	2.2A	**63,686**	59,104	30,089
Prepayments		**13,680**	9,727	3,473
Total non-financial assets		**97,269**	88,477	73,181
Total assets		**229,462**	226,647	127,913
LIABILITIES				
Payables				
Suppliers	2.3A	**38,759**	36,271	27,060
Other payables	2.3B	**3,459**	2,850	2,044
Total payables		**42,218**	39,121	29,104
Interest Bearing Liabilities				
Leases	2.4A	**10,907**	8,964	26,470
Total interest bearing liabilities		**10,907**	8,964	26,470
Provisions				
Employee provisions	3.1A	**17,578**	12,991	11,747
Other provisions	3.1B	**457**	540	382
Total provisions		**18,035**	13,531	12,129
Total liabilities		**71,160**	61,616	67,703
Net assets		**158,302**	165,031	60,210
EQUITY				
Contributed Equity		**305,881**	260,108	305,881
Reserves		**16,087**	15,812	25,907
Accumulated Deficit		**(163,666)**	(110,889)	(271,578)
Total equity		**158,302**	165,031	60,210

The above statement should be read in conjunction with the accompanying notes.

Australian Digital Health Agency
Statement of Financial Position
as at 30 June 2025

Budget Variances Commentary

Assets

Total assets are $101.1 million (79%) higher than original budget largely driven by:

- Cash and Cash equivalents are $75.3 million (150%) higher than the original budget primarily due to the opening cash balance being $76.4 million (152%) higher than original budgeted due to funded projects being carried forward into 2024-25.
- The overall balance for leasehold improvements is lower than the budget by $7.3 million (62%) due to disposal of assets resulting from lease expirations at Sydney, Brisbane and Canberra. These disposals while anticipated, were not accounted for in the budget due to timing variability.
- Intangibles are $33.6 million (112%) higher than original budget due to the capitalisation of system enhancements on internally developed software.
- Right-of-Use asset (ROU) is $15.2 million (58%) lower than original budget, primarily due to lease expirations for Sydney, Brisbane, and Canberra premises. These expirations while anticipated, were not factored into the budget due to timing variability.
- Prepayments are $10.2 million (294%) higher than the original budget due to the overall increase in the Agency capability uplift. This has led to higher upfront payments for annual subscriptions, licensing costs, and maintenance agreements, including annual software licenses. The balance at 30 June 2025 is higher due to timing differences, with several renewals scheduled close to the end of the reporting period.

Liabilities

Total liabilities are $4.6 million (68%) higher than original budget largely driven by:

- Supplier payables being $12.4 million (46%) higher than original budget due to the timing of payments made by the agency.
- Lease being $15.3 million (58%) lower than original budget due to the use of estimations as leases were being renewed.
- Employee provisions being $5.8 million (50%) higher than the original budget in line with overall increased employee benefits expense.

Australian Digital Health Agency
Statement of Changes in Equity
for the period ended 30 June 2025

	Notes	ACTUAL 2025 $'000	ACTUAL 2024 $'000	Original Budget $'000
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		**260,108**	226,787	260,108
Adjusted opening balance		**260,108**	226,787	260,108
Contribution by owners				
Equity injection		**45,773**	33,321	45,773
Closing balance as at 30 June		**305,881**	260,108	305,881
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		**(110,889)**	(153,993)	(204,361)
Adjustment of other intangibles[3]		**(433)**	-	-
Adjusted opening balance		**(111,322)**	(153,993)	(204,361)
Comprehensive income				
Surplus/(Deficit) for the period		**(52,344)**	33,004	(67,217)
Total comprehensive income		**(52,344)**	33,004	(67,217)
Transfers between equity components[1]			10,100	-
Closing balance as at 30 June		**(163,666)**	(110,889)	(271,578)
ASSET REVALUATION RESERVE				
Opening balance				
Balance carried forward from previous period		**1,912**	1,907	1,907
Adjusted opening balance		**1,912**	1,907	1,907
Other comprehensive income[2]		**275**	5	-
Closing balance as at 30 June		**2,187**	1,912	1,907
CASH RESERVE				
Opening balance				
Balance carried forward from previous period		**13,900**	24,000	24,000
Adjusted opening balance		**13,900**	24,000	24,000
Transfers between equity components[1]		**-**	(10,100)	-
Closing balance as at 30 June		**13,900**	13,900	24,000

	ACTUAL

Australian Digital Health Agency
Statement of Changes in Equity
for the period ended 30 June 2025

	Notes	2025 $'000	2024 $'000	Original Budget $'000
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		**165,031**	98,701	81,654
Adjusted opening balance		**164,598**	98,701	81,654
Comprehensive income				
Surplus/(Deficit) for the period		**(52,344)**	33,004	(67,217)
Other comprehensive income		**275**	5	-
Total comprehensive income		**(52,069)**	33,009	(67,217)
Transactions with owners				
Contributions by owners				
Equity injection		**45,773**	33,321	45,773
Total transactions with owners		**45,773**	33,321	45,773
Closing balance as at 30 June		**158,302**	165,031	60,210

The above statement should be read in conjunction with the accompanying notes.

[1] The transfer reflects the Board's decision to reduce the cash reserve balance by $10.1 million for the 2023–24 financial year. No adjustments have been made for 2024–25, as the risk profile remains unchanged.

[2] Other comprehensive income from changes in asset revaluation surplus consists of a revaluation increment relating to the Agency's provision for restoration obligations as outlined in Note 3.1B.

[3] Adjustment made in relation to *'other movements'* in the other intangibles section, refer to note 2.2A.

Accounting policy

Equity Injections

Amounts which are designated as 'equity injections' for a year (less any formal reductions) are recognised directly in contributed equity in that year.

Cash Reserve

The Agency has determined a cash reserve should be maintained to hold funds for contingency purposes. The creation and maintenance of this reserve account has been approved by the Board.

Budget Variances Commentary

Total Equity is $98.1 million (163%) higher than the Original Budget. This is primarily due to a higher retained earnings balance carried forward from the prior financial year. The increase in employee benefits and supplier expenses was fully offset by a reduction in depreciation and amortisation expenses, as discussed in the 'expenses' section above.

Australian Digital Health Agency
Statement of Cash Flows
for the period ended 30 June 2025

	Notes	ACTUAL 2025 $'000	2024 $'000	Original Budget $'000
OPERATING ACTIVITIES				
Cash received				
Receipts from Government		**286,896**	269,304	285,789
Contributions from jurisdictions		**32,250**	30,602	32,250
Rendering of services		**225**	6,807	-
Net GST received		**26,781**	17,661	-
Interest		**12,090**	9,512	-
Other		**-**	611	-
Total cash received		**358,242**	334,497	318,039
Cash used				
Employees		**88,600**	66,958	83,287
Suppliers		**285,121**	205,633	234,402
Interest payments on lease liabilities		**279**	145	350
Total cash used		**374,000**	272,736	318,039
Net cash inflows/ (outflows) from operating activities		**(15,758)**	61,761	-
INVESTING ACTIVITIES				
Cash used				
Purchase of intangibles and property plant and equipment		**31,190**	21,184	45,773
Total cash used		**31,190**	21,184	45,773
Net cash (outflows) from investing activities		**(31,190)**	(21,184)	(45,773)
FINANCING ACTIVITIES				
Cash received				
Contributed equity		**45,773**	33,321	45,773
Total cash received		**45,773**	33,321	45,773
Cash used				
Principal payments of lease liabilities		**3,665**	5,618	3,775
Net cash used		**3,665**	5,618	3,775
Net cash inflows from financing activities		**42,108**	27,703	41,998
Net increase/(decrease) in cash held		**(4,840)**	68,280	(3,775)
Cash and cash equivalents at the beginning of the reporting period		**130,347**	62,067	53,987
Cash and cash equivalents at the end of period	2.1A	**125,507**	130,347	50,212

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

The variance in actual cash balance compared to budget is predominantly attributed to a higher than anticipated opening balance for 2024–25. While cash outflows from operating activities exceeded budget estimates by $55.9 million (18%), the overall variance remains consistent with expectations. This outcome is primarily due to increased interest earnings resulting from the higher opening balance and increased receipts from the Government for 2024-25.

Australian Digital Health Agency
Notes to and forming part of the financial statements

Overview

Objectives of the Agency

The Australian Digital Health Agency (the Agency) is an Australian Government controlled corporate Commonwealth Agency established by the *Public Governance, Performance and Accountability (PGPA) (Establishing the Australian Digital Health Agency) Rule 2016* (the Rule).

The Agency was established as a Corporate Commonwealth Agency on 30 January 2016 following registration of the Rule on 29 January 2016 and commenced operations on 1 July 2016.

The Agency has responsibility for the strategic management and governance for the *National Digital Health Strategy* and the design, delivery and operations of the national digital healthcare system including the My Health Record (MHR) system. It provides the leadership, coordination and delivery of a collaborative and innovative approach to utilising technology to support and enhance a clinically safe and connected national health system.

The Agency is structured to meet the following outcome:

***Outcome 1**: To deliver national digital healthcare systems to enable and support improvement in health outcomes for Australians*

The continued existence of the Agency in its present form and with its present programs is dependent on:

- Government policy and on continued funding by the Australian Government for the Agency's administration and programs relating to the MHR functions.
- Funding from the Australian Government, states and territories received pursuant to the *Inter-Governmental Agreement* signed in August 2023, and on any such future agreements.

The Basis of Preparation

The financial statements are general purpose financial statements as required by section 42 of the *PGPA Act 2013*.

The financial statements have been prepared in accordance with:

a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015* (FRR), and;
b) Australian Accounting Standards and Interpretations – Simplified tier 2 disclosure requirements issued by the Australian Accounting Standards Board (AASB 1060) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial statements are presented in Australian dollars and values are rounded to the nearest $'000 unless otherwise specified.

Going Concern

The financial statements have been prepared on a going concern basis. This is supported by ongoing funding outlined in the 2025–26 Department of Health, Disability and Ageing Portfolio Budget Statements, continued Government endorsement of the Agency's objectives, and an active intergovernmental agreement on National Digital Health that remains in effect until 2027. As a result, the Agency is considered a going concern unless a formal decision is made to cease its operations.

Significant Accounting Judgements and Estimates

Assumptions or estimates have been made in the following areas that have the most significant impact on the amounts recorded in the financial statements:

- The Agency's intangibles comprise software licences, data sets, internally developed software for internal use and the MHR asset. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.
- Software is amortised on a straight-line basis over its anticipated useful life which is reviewed as part of the annual impairment process.

Australian Digital Health Agency
Notes to and forming part of the financial statements

- Cloud computing arrangements (CCA) are first evaluated whether they contain a lease. Non-lease components are further evaluated as a service contract or an intangible asset. CCA are an intangible asset if it is identifiable, controlled by the Agency and give the Agency the power to obtain future economic benefits. Configuration or customisation costs from CCAs are evaluated under the same principles. Useful life of intangible assets under CCA are determined by obsolescence, technology, economic factors and any rapid changes that may be occurring in the development of hosting arrangements or hosted software.
- Leave provisions involve assumptions based on the expected tenure of staff, patterns of leave claims and payouts, future salary movements and future discount rates.

No other accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next twelve months.

Taxation
The Agency is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Events After the Reporting Period
There were no matters or circumstances which have arisen since the end of the financial year which significantly affected, or alternatively may affect the operations of the Agency, the results of these operations or state of affairs of the Agency in subsequent years.

Australian Digital Health Agency
Notes to and forming part of the financial statements

1. Financial Performance

This section analyses the financial performance for the Agency the period ended 30 June 2025.

1.1: Expenses

	2025 $'000	2024 $'000
Note 1.1A: Employee benefits		
Wages and salaries	**69,113**	50,797
Superannuation		
Defined contribution plans	**10,446**	7,028
Defined benefit plans	**1,795**	1,982
Leave and other entitlements	**12,352**	8,962
Separation and redundancies	**90**	239
Total employee benefits	**93,796**	69,008

Accounting policy

Accounting policy for employee related expenses is contained in note 3.1.

Note 1.1B: Suppliers		
Goods and services supplied or rendered		
Contract for services	**122,113**	92,847
Contractors	**71,140**	38,224
IT services	**54,025**	42,109
Other	**6,336**	3,878
Communications	**2,440**	1,929
Travel	**2,248**	1,380
Audit fees[1]	**140**	120
Total goods and services supplied or rendered	**258,442**	180,487
Other suppliers		
Workers compensation expenses	**647**	427
Short-term leases	**-**	13
Total other suppliers	**647**	440
Total suppliers	**259,089**	180,927

[1] Amount paid or payable to the Australian National Audit Office for the audits of the financial statements.

Accounting Policy

Suppliers' expenses

The Agency applies a $5,000 threshold for recognition of prepayments and accrued expenses.

Short-term leases and leases of low-value assets

The Agency has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low value assets (less than $10,000 per asset). The Agency recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

Australian Digital Health Agency
Notes to and forming part of the financial statements

	2025 $'000	2024 $'000
Note 1.1C: Finance costs		
Interest on lease liabilities	**279**	145
Unwinding of discount on make good provision	**19**	16
Total finance costs	**298**	161

The above lease disclosures should be read in conjunction with the accompanying notes 2.2A and 2.4A.

1.2: Income

	2025 $'000	2024 $'000
Note 1.2A: Revenue from contracts with customers		
Rendering of services	**1,068**	4,595
Total revenue from contracts with customers	**1,068**	4,595

Revenue from rendering services is related to contracts with other Commonwealth entities for various projects and are recognised at a point in time.

Accounting Policy

The Agency has revenue from general contracts that are enforceable through legal or equivalent means and have specific performance obligations that transfer goods or services to a customer. Contracts are considered to be enforceable where there are specific rights specified in the agreement, and the parties can reasonably be expected to act on their obligations.

The Agency provides services to other entities and individuals, including undertaking functions or incurring costs on behalf of other Australian Government entities in accordance with contracts or other arrangements.

Revenue is recognised over time as costs are incurred (where the Agency is entitled to recover the costs) or point in time on completion of services depending on the nature of the services being provided.

A contract liability for unearned revenue is recorded for obligations under contracts for which payment has been received in advance. Contract liabilities unwind as "revenue from contracts with customers" upon satisfaction of the performance obligations under the terms of the contract or other arrangements.

Note 1.2B: Contributions from jurisdictions		
New South Wales	**10,133**	10,133
Victoria	**8,211**	8,211
Queensland	**6,592**	6,592
Western Australia	**3,457**	3,457
South Australia	**2,264**	2,264
Tasmania	**716**	716
Australian Capital Territory	**568**	568
Northern Territory	**309**	309
Total contributions from jurisdictions	**32,250**	32,250

Accounting Policy

The Agency receives contributions from jurisdictions based on an agreed formula as set out in the relevant financial contribution tables of the *Intergovernmental Agreements on National Digital Health*. The above contributions from states and territories of $32.5 million (2024: $32.25 million) represents the total contributions made under the Intergovernmental Agreements, with a further $32.5 million (2024: $32.25 million) being contributed by the Commonwealth. The latter contribution is included in Revenue from Government and is shown in note 1.2D.

Australian Digital Health Agency
Notes to and forming part of the financial statements

	2025 $'000	2024 $'000
Note 1.2C: Interest		
Deposits	**12,038**	9,808
Total interest	**12,038**	9,808

Accounting Policy

Interest revenue is recognised using the effective interest rate.

Note 1.2D: Revenue from Government		
Department of Health, Disability and Ageing		
Corporate Commonwealth Entity payment item	**286,896**	269,304
Total revenue from Government	**286,896**	269,304

Accounting policy

Revenue from Government

Funding appropriated to the Department of Health, Disability and Ageing as a Corporate Commonwealth Agency payment item for payment to the Agency is recognised as revenue from the Australian Government, unless the funding is in the nature of an equity injection or a loan, or goods and services revenue under AASB 15 *Revenue from Contracts with Customers*.

The Agency's revenue from the Australian Government includes $15.41 million (2023-2024: $15.64 million) paid pursuant to the Intergovernmental Agreements (refer also note 1.2B), with the remaining balance directly appropriated to Services Australia for services provided.

Australian Digital Health Agency
Notes to and forming part of the financial statements

2. Financial Position

This section analyses the Agency's assets used to conduct its operations and the operating liabilities incurred as a result. Employee related information is disclosed in Section 3 People and Relationships.

2.1: Financial Assets

Accounting Policy

Cash is recognised at its nominal amount.

Note 2.1B: Trade and other receivables

Goods and services receivables		
Goods and services	**345**	1,768
GST receivable from the ATO	**3,159**	5,277
Interest Receivable	**461**	513
Other receivables	**2,721**	265
Total goods and services receivables	**6,686**	7,823
Total trade and other receivables (gross)	**6,686**	7,823
Total trade and other receivables (net)	**6,686**	7,823

Credit terms for goods and services were within 20 days. The Agency has not provided any loans.

Accounting Policy

Financial assets

The Agency classifies its financial assets at the time of initial recognition depending on the nature and purpose of the asset. All receivables are classified as trade and other receivables and are expected to be recovered within 12 months unless otherwise indicated.

The collectability of debts is reviewed at the end of the reporting period and an impairment loss allowance is recognised if required.

2.2: Non-Financial Assets

Note 2.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

Reconciliation of the opening and closing balances of property, plant and equipment, computer software and other intangibles for 2025

	Leasehold Improvements $'000	Right of Use (ROU) Assets $'000	Plant and Equipment $'000	Computer Software[1] $'000	Other Intangibles[2] $'000	Total $'000
As at 1 July 2024						
Gross book value	7,230	30,842	6,626	17,840	233,350	295,888
Accumulated depreciation, amortisation and impairment	(2,398)	(21,938)	(716)	(17,836)	(174,250)	(217,138)
Total as at 1 July 2024	**4,832**	**8,904**	**5,910**	**4**	**59,100**	**78,750**
Additions						
Purchase	1,738	-	157	-	-	1,895
Internally developed	-	-	-	-	29,295	29,295
Right-of-use assets		5,608	-	-	-	5,608
Revaluation increment recognised in other comprehensive income	157	-	137	-	-	294
Impairments recognised net cost of services	-	-	-	-	-	-
Depreciation and amortisation	(2,188)	-	(1,744)	(4)	(24,276)	(28,212)
Depreciation on right-of-use assets	-	(3,296)	-	-	-	(3,296)
Other movements	-	(276)	-	-	(433)	(709)
Disposals	(25)	-	(11)	-	-	(36)
Total as at 30 June 2025	**4,516**	**10,940**	**4,447**	**-**	**63,686**	**83,589**
Total as at 30 June 2025 represented by:						
Gross book value	6,338	25,835	6,723	17,840	260,097	316,833
Accumulated depreciation and amortisation	(1,822)	(14,895)	(2,276)	(17,840)	(196,411)	(233,244)
Total as at 30 June 2025	**4,516**	**10,940**	**4,447**	**-**	**63,686**	**83,589**

[1] The carrying amount of computer software includes all purchased software. Internally generated assets are disclosed as other intangibles.

[1&2] The carrying amount of computer software and other intangibles includes assets under construction of $24.8 million, primarily relating to Healthcare Information Provider Service (HIPS), My Health Record (MHR), MyHealth App (MHA), Streamlining Implementations, Conformance and Connections (SLICC) and Provider Connect Australia (PCA).

[3] Other movements of right-of-use assets reflect adjustments made to remove leases that have reached expiry and were accordingly excluded from the ROU leasing schedule. These movements should be reviewed in conjunction with Note 2.4A for further details. Othe movement of the other intangibles reflects the adjustment of manual depreciation relating to MHR.

Capital commitments

The Agency has a $11.5 million (2024: $5.9 million) contractual obligations as at 30 June 2025. $4.0 million for the development of HIPS, and $3.8 million for the development for the MHA. The remaining balance of $3.7 million relates to a variety of capital commitments supporting broader infrastructure and operational needs.

Australian Digital Health Agency
Notes to and forming part of the financial statements

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the Statement of Financial Position. Purchases costing less than $2,000 are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in leases taken up by the Agency where there exists an obligation to make good. These costs are included in the value of the Agency's provisions, refer note 3.1B.

Category	Capitalisation Threshold
Purchased IT hardware and IT software	$2,000
Leasehold improvements	$50,000
Internally Developed Software	$100,000
IT projects (software and hardware integration)	$100,000
All other property, plant and equipment	$2,000

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease unless they are short-term (less than 12 months) or of low value (less than $10,000), and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by the Agency as separate asset classes to corresponding assets owned outright.

Impairment reviews are undertaken for ROU assets, and an impairment loss is recognised against any ROU asset that shows indications of impairment. ROU assets continue to be measured at cost after initial recognition.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value (or an amount not materially different from fair value) less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of Asset Revaluation Reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised in the Statement of Comprehensive Income. Revaluation decrements for a class of assets are recognised directly in the Statement of Comprehensive Income except to the extent that they reversed a previous revaluation increment for that asset class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Australian Digital Health Agency
Notes to and forming part of the financial statements

All revaluations were conducted in accordance with the revaluation policy. The Agency considers valuations by an independent valuer every three years to be an appropriate frequency, given the materiality and nature of the assets held. A full valuation was undertaken in 2022-23, and a desktop materiality review was completed in 2024-25 to assess whether there had been any material movements in value. If a desktop review identifies changes in the environment or other circumstances that warrant a full valuation, the Agency may undertake independent valuations on a shorter cycle.

Depreciation and Amortisation

Depreciable property, plant and equipment and amortisable intangible assets are written-off to their estimated residual values over their estimated useful lives, in all cases using the straight-line method. Depreciation/amortisation rates, residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate. Depreciation/amortisation rates applying to each class of asset are based on the following useful lives:

Asset Class	Useful life (years)
Leasehold improvements	Length of lease
Plant and equipment	3 – 10
Computer software	2 – 5
Other intangibles	1 – 5

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

Impairment

All assets were assessed for impairment at 30 June 20245. Where indications of impairment exist, the asset's recoverable amount is estimated, and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Agency were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment or an intangible asset is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

2.3: Payables

	2025 $'000	2024 $'000
Note 2.3A: Suppliers		
Trade creditors and accruals	**37,514**	34,183
Contract liabilities	**1,245**	2,088
Total suppliers	**38,759**	36,271

Accounting Policy

Trade creditors and accruals

Trade creditors and accruals are recognised at amortised cost.

Liabilities are recognised to the extent that goods and services have been received.

Contract liabilities

The contract liabilities from contracts with customers are associated with performance obligations not yet met at 30 June.

Australian Digital Health Agency
Notes to and forming part of the financial statements

	2025 $'000	2024 $'000
Note 2.3B: Other payables		
Salaries and wages	**3,026**	2,378
Superannuation	**433**	472
Total other payables	**3,459**	2,850

2.4: Interest Bearing Liabilities

	2025 $'000	2024 $'000
Note 2.4A: Leases		
Lease liabilities	**10,907**	8,964
Total leases	**10,907**	8,964

Total cash outflow for leases for the year ended 30 June 2025 was $3.6 million (2024: $5.80 million)

Maturity analysis - contractual undiscounted cash flows		
Within 1 year	**3,282**	3,639
Between 1 to 5 years	**8,616**	5,660
More than 5 years	**-**	280
Total leases	**11,898**	9,579

The Agency in its capacity as lessee occupies the following premises:

- Level 25, 175 Liverpool Street, Sydney.
- Level 17, 1 Eagle Street, Brisbane.
- Discovery House, West Wing Level 3, 47 Bowes Street, Canberra.

The lease for the Canberra premises at Scarborough House came to an end during 2024-25. The agency entered into an underlease arrangement with IP Australia for the premises at Discovery House. The new lease term has led to an increase in the Agency's right-of-use assets and corresponding lease liabilities.

The above lease disclosures should be read in conjunction with the accompanying notes 1.1C and 2.2A.

Accounting Policy

For all new contracts entered into, the Agency considers whether the contract is, or contains, a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains, a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the Agency's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

Australian Digital Health Agency
Notes to and forming part of the financial statements

3. People and Relationships

This section outlines the employment and post-employment benefits provided by the Agency to its employees, as well as its relationships with other key individuals.

3.1: Provisions

	2025	2024
	$'000	$'000
Note 3.1A: Employee provisions		
Leave	**17,578**	12,991
Total employee provisions	**17,578**	12,991

Accounting Policy

Liabilities for short-term employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Leave

The liability for employee benefits includes provision for annual leave and long service leave.

No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years is estimated to be less than the annual entitlement for sick leave.

The liability for long service leave has been determined using the shorthand model provided by Department of Finance as per the FRR and Commonwealth Agency Financial Statement Guide. The estimate of the present value of the liability considers attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

The Agency recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

The Agency's staff comprise both Australian Public Service (APS) employees and staff whose employment is subject to contracts under common law. Both groups of employees are reflected in the Agency's ASL numbers.

APS staff are either members of the Public Sector Superannuation Scheme (PSS), the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government. The PSS is a defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The Agency makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Australian Government. The Agency accounts for these contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions, if any.

Australian Digital Health Agency
Notes to and forming part of the financial statements

	2025 $'000	2024 $'000
Note 3.1B: Other provisions		
Provision for restoration obligations	**457**	540
Total other provisions	**457**	540
Provision for restoration obligations		
As at 1 July	**540**	382
Additional provision made	**-**	147
Revaluation	**20**	(5)
Unwinding of discount	**19**	16
Derecognition	**(122)**	-
Total as at 30 June	**457**	540

The Agency currently has two agreements for office leases in Sydney and Brisbane that require the Agency to restore the premises to their original condition at the conclusion of the lease. The Agency has made a provision for restoration to reflect the present value of these obligations.

Provision for Restoration Obligations

Where the Agency has a contractual obligation to undertake remedial work upon vacating leased properties, the estimated cost of that work is recognised as a liability. An equal value asset is created at the same time and amortised over the life of the lease of the underlying leasehold property.

Australian Digital Health Agency
Notes to and forming part of the financial statements

3.2: Key Management Personnel Remuneration

Key management personnel (KMP) are those persons having authority and responsibility for planning, directing, and controlling the activities of the Agency, directly or indirectly, including any Board member (whether executive or otherwise). The Agency has determined the KMP to be Chief Executive Officer (CEO), Senior Executive Committee (SEC) members and Board members. KMP remuneration is reported in the table below:

	2025	2024
	$'000	$'000
Key management personnel remuneration expenses		
Short-term employee benefits	**2,758**	2,376
Post-employment benefits	**415**	328
Other long-term employee benefits	**58**	47
Termination benefits	**-**	77
Total key management personnel remuneration expenses[1]	**3,231**	2,828

The total number of KMP that are included in the above table for 2024-25 is 15 (2023-24: 16).

[1] The above KMP remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Agency. The head count only includes KMP who received remuneration from the Agency in 2024-25.

Australian Digital Health Agency
Notes to and forming part of the financial statements

3.3: Related Party Disclosures

The Agency is an Australian Government controlled Corporate Commonwealth Entity (CCE). It has a governing Board of members, a CEO and SEC members and a Portfolio Minister. Related parties to the Agency are KMP (refer Note 3.2), other Australian Government entities and certain state/territory government entities.

Pursuant to *AASB 124 Related Party Disclosures* (AASB 124), the Agency KMP are asked to provide details of where any of their close family members, or a controlled Agency/entities has/have transacted with the Agency. Where any doubt exists, the information is to be recorded and collected in any event.

AASB 124 requires disclosure of related party relationships that include transactions where significant influence exists between the Agency and other parties. The Standard identifies that KMP have the capacity to influence the operations of the Agency, and therefore parties related to KMP become related parties to the Agency and require disclosure in the annual financial statements.

The Agency has determined that all board members, the CEO and SEC members constitute KMP. This includes those acting in a role for three months or more continuously.

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity of 'common citizens'. Common citizen or 'open contest' transactions are not requested or recorded as they reflect those transactions that may be undertaken with the Agency under the same terms and conditions as any other citizen.

The Agency transacts with other Australian Government controlled entities consistent with normal day-to-day business operations provided under normal terms and conditions, including the payment of workers compensation and insurance premiums. These are not considered individually significant to warrant separate disclosure as related party transactions.

Australian Digital Health Agency
Notes to and forming part of the financial statements

4. Managing Uncertainties

This section analyses how the Agency manages financial risks within its operating environment.

4.1: Contingent Assets and Liabilities

Quantifiable Contingencies
The Agency had no quantifiable contingencies at reporting date.

Unquantifiable Contingencies
The Agency had no unquantifiable contingencies at reporting date.

Accounting Policy

Contingent assets and liabilities may arise from uncertainty as to the existence of an asset or liability, or where the amount cannot be reliably measured.

Contingent assets are disclosed when settlement is probable but not virtually certain.

Contingent liabilities are disclosed when settlement is greater than remote.

4.2: Financial Instruments

	2025 $'000	2024 $'000
Note 4.2A: Categories of financial instruments		
Financial Assets		
Financial assets at amortised cost		
Cash and cash equivalents	**125,507**	130,347
Trade and other receivables	**3,527**	2,546
Total financial assets at amortised cost	**129,034**	132,893
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	**38,759**	36,271
Total financial liabilities measured at amortised cost	**38,759**	36,271

The Agency is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk was the risk that arises from potential default of a debtor. The amount was equal to the total amount of the trade receivables less GST receivable from the ATO of $3.53 million in 2024-25 (2023-24: $$2.55 million).

The Agency had no financial assets that were past due but not impaired at 30 June 2025 (2023-24: Nil).

Accounting Policy

Financial Assets

The Agency classifies its financial assets in the following categories:

a. financial assets at fair value through profit or loss;

b. financial assets at fair value through other comprehensive income; and

c. financial assets measured at amortised cost.

Financial assets are recognised when the Agency becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Interest revenue from financial assets for 2024-25 was $12.04 million (2023-24: $9.81 million).

Financial Liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or amortised cost. Financial liabilities are recognised and derecognised upon 'trade date'.

Australian Digital Health Agency
Notes to and forming part of the financial statements

4.3: Fair Value Measurement

The Agency has Leasehold Improvements and Plant and Equipment assets that are measured at fair value. The remaining assets and liabilities disclosed in the Statement of Financial Position do not apply the fair value hierarchy.

The different levels of the fair value hierarchy are defined below:

- Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Agency can access at measurement date.
- Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3: Unobservable inputs for the asset or liability.

Leasehold improvements are categorised as Level 3.
Plant and equipment are categorised as Level 2 and Level 3.

Note 4.3A: Fair value measurement

	Fair Value measurements at the end of the reporting period	
	2025	2024
	$'000	$'000
Non-financial assets		
Leasehold Improvements	**4,516**	4,832
Plant and equipment	**4,447**	5,910
Total fair value measurements in the Statement of Financial Position	**8,963**	10,742
Total non-financial assets not measured at fair value in the Statement of Financial Position	**88,306**	77,735

Accounting Policy

All revaluations were conducted in accordance with the revaluation policy. A desktop materiality review was performed for the financial year by an independent valuer, with adjustments being made for all material movements.

Australian Digital Health Agency
Notes to and forming part of the financial statements

5. Other Information

5.1: Current/Non-Current Distinction for Assets and Liabilities

	2025 $'000	2024 $'000
Note 5.1A: Current/non-current distinction for assets and liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	**125,507**	130,347
Trade and other receivables	**6,686**	7,823
Prepayments	**10,757**	9,570
Total no more than 12 months	**142,950**	147,740
More than 12 months		
Leasehold Improvements	**4,516**	4,832
Right of use Assets	**10,940**	8,904
Plant and equipment	**4,447**	5,910
Intangibles	**63,686**	59,104
Prepayments	**2,923**	157
Total more than 12 months	**86,512**	78,907
Total assets	**229,462**	226,647
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	**38,759**	36,271
Other payables	**3,459**	2,850
Leases	**2,811**	3,396
Employee provisions	**6,460**	6,015
Other provisions	**174**	120
Total no more than 12 months	**51,663**	48,652
More than 12 months		
Leases	**8,096**	5,568
Employee provisions	**11,118**	6,976
Other provisions	**283**	420
Total more than 12 months	**19,497**	12,964
Total liabilities	**71,160**	61,616

Part 5. Navigation aids

Information about this part

This part helps readers locate information in the report. It includes an index of annual report content requirements and a list of abbreviations and acronyms.

The compliance table below, identifying the location of compulsory content in the Agency's annual report, is presented in the form required by amendments to the PGPA Act in 2019.

Index of annual report content requirements

Corporate Commonwealth entities

PGPA Rule reference	Part of report	Description	Requirement
17BE Contents of annual report			
17BE(a)	Enabling legislation page 4	Details of the legislation establishing the body	Mandatory
17BE(b)(i)	Role page 7	A summary of the objects and functions of the entity as set out in legislation	Mandatory
17BE(b)(ii)	Purpose page 3	The purposes of the entity as included in the entity's corporate plan for the reporting period	Mandatory
17BE(c)	Portfolio and ministerial oversight page 5	The names of the persons holding the position of responsible Minister or responsible Ministers during the reporting period, and the titles of those responsible Ministers	Mandatory
17BE(d)	Ministerial directions and policy orders page 94	Directions given to the entity by the Minister under an Act or instrument during the reporting period	If applicable, mandatory
17BE(e)	Ministerial directions and policy orders page 94	Any government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory

PGPA Rule reference	Part of report	Description	Requirement
17BE(f)	N/A	Particulars of non-compliance with: (a) a direction given to the entity by the Minister under an Act or instrument during the reporting period; or (b) a government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory
17BE(g)	Annual performance statements 2024–25 page 21	Annual Performance Statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule	Mandatory
17BE(h), 17BE(i)	Compliance with finance law page 94	A statement of significant issues reported to the Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with finance law and action taken to remedy non-compliance	If applicable, mandatory
17BE(j)	The Board page 77	Information on the accountable authority, or each member of the accountable authority, of the entity during the reporting period	Mandatory
17BE(k)	Structure page 8	Outline of the organisational structure of the entity (including any subsidiaries of the entity)	Mandatory
17BE(ka)	Staff statistics page 98	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees (b) statistics on part-time employees (c) statistics on gender (d) statistics on staff location	Mandatory
17BE(l)	Our people and their location page 6	Outline of the location (whether or not in Australia) of major activities or facilities of the entity	Mandatory
17BE(m)	Corporate governance page 77	Information relating to the main corporate governance practices used by the entity during the reporting period	Mandatory

PGPA Rule reference	Part of report	Description	Requirement
17BE(n), 17BE(o)	Related entity transactions page 94	For transactions with a related Commonwealth entity or related company where the value of the transaction, or if there is more than one transaction, the aggregate of those transactions, is more than $10,000 (inclusive of GST): (a) The decision-making process undertaken by the accountable authority to approve the entity paying for a good or service from, or providing a grant to, the related Commonwealth entity or related company. (b) The value of the transaction, or if there is more than one transaction, the number of transactions and the aggregate of value of the transactions	If applicable, mandatory
17BE(p)	Significant activities and changes page 94	Any significant activities and changes that affected the operation or structure of the entity during the reporting period	If applicable, mandatory
17BE(q)	Judicial decisions or administrative reviews page 92	Particulars of judicial decisions or decisions of administrative tribunals that may have a significant effect on the operations of the entity	If applicable, mandatory
17BE(r)	External scrutiny page 92	Particulars of any reports on the entity given by: (a) the Auditor-General (other than a report under section 43 of the Act) or (b) a Parliamentary Committee or (c) the Commonwealth Ombudsman or (d) the Office of the Australian Information Commissioner.	If applicable, mandatory
17BE(s)	N/A	An explanation of information not obtained from a subsidiary of the entity and the effect of not having the information on the annual report	If applicable, mandatory
17BE(t)	Insurance and indemnities page 95	Details of any indemnity that applied during the reporting period to the accountable authority, any member of the accountable authority or officer of the entity against a liability (including premiums paid, or agreed to be paid, for insurance against the authority, member or officer's liability for legal costs)	If applicable, mandatory

PGPA Rule reference	Part of report	Description	Requirement
17BE(taa)	Audit committee disclosures page 86	The following information about the audit committee for the entity: (a) a direct electronic address of the charter determining the functions of the audit committee (b) the name of each member of the audit committee (c) the qualifications, knowledge, skills or experience of each member of the audit committee (d) information about each member's attendance at meetings of the audit committee (e) the remuneration of each member of the audit committee.	Mandatory
17BE(ta)	Executive remuneration page 102	Information about executive remuneration	Mandatory
17BF Disclosure requirements for government business enterprises			
17BF(1)(a)(i)	N/A	An assessment of significant changes in the entity's overall financial structure and financial conditions	If applicable, mandatory
17BF(1)(a)(ii)	N/A	An assessment of any events or risks that could cause financial information that is reported not to be indicative of future operations or financial conditions	If applicable, mandatory
17BF(1)(b)	N/A	Information on dividends paid or recommended	If applicable, mandatory
17BF(1)(c)	N/A	Details of any community service obligations the government business enterprise has including: (a) an outline of actions taken to fulfil those obligations (b) an assessment of the cost of fulfilling those obligations.	If applicable, mandatory
17BF(2)	N/A	A statement regarding the exclusion of information on the grounds that the information is commercially sensitive and would be likely to result in unreasonable commercial prejudice to the government business enterprise	If applicable, mandatory

Acronyms and abbreviations

Acronym	Term
AHPA	Allied Health Professions Australia
AICD	Australian Institute of Company Directors
AM	Member of the Order of Australia
AMA	Australian Medical Association
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ANAO	Australian National Audit Office
AO	Officer of the Order of Australia
API	application programming interfaces
APS	Australian Public Service
ASL	Active Script List
CAP	Capability Action Plan
CCIO	Chief Clinical Information Officer
CDA	Clinical Document Architecture
CHAP	Comprehensive Health Assessment Program
CMDB	configuration
CSDM	Common Services Data Model
CWG	Clinical Working Group
FHIR®	Fast Healthcare Interoperability Resources®
GDHP	Global Digital Health Partnership
HI	healthcare identifiers
HIPS	Health Information Provider Service
HPI-I	Healthcare Provider Identifiers – Individual
HPI-O	Healthcare Provider Identifier – Organisations
IAR	Initial Assessment and Referral
ICT/IT	information and communication technology / information technology
IHI	Individual Healthcare Identifiers

Acronym	Term
IPS	Information Publication Scheme
ITP	immune thrombocytopenia
KMP	key management personnel
NASH	National Authentication Service for Health
NCTS	National Clinical Terminology Service
NHS	National Health Service (UK)
OAIC	Office of the Australian Information Commissioner
OECD	Organisation for Economic Co-operation and Development
PBS	Portfolio Budget Statements
PBS/RPBS	Pharmaceutical Benefits Scheme / Repatriation Pharmaceutical Benefits Scheme
PCA™	Provider Connect Australia™
PGPA	Public Governance, Performance and Accountability
PHN	Primary Health Network
PKI	public key infrastructure
PSML	pharmacist shared medicines list (now called curated medicines list)
RAP	Reconciliation Action Plan
RTPM	real-time prescription monitoring
SI / SIAM	Systems Integration / Service Integration and Management
SLICC	Streamlining Implementations, Conformance and Connections
WHS	Work health safety

Australian Government

Australian Digital Health Agency