



Clinical Governance

Performance Report 2024–2025



Australian Government
Australian Digital Health Agency

Australian Digital Health Agency

ABN 84 425 496 912 GPO Box 9942, Canberra, ACT 2601

Telephone: 1300 901 001; Web: www.digitalhealth.gov.au; Email: help@digitalhealth.gov.au

Acknowledgement of Country

The Australian Digital Health Agency and the Department of Health, Disability and Ageing acknowledge and respect Aboriginal and Torres Strait Islander Peoples as the Traditional Custodians of Country throughout Australia and their continuing connection to land, seas and community. We pay our respects to their cultures and to Elders past and present.

Aboriginal and Torres Strait Islander Peoples should be aware that this document and the website where it is published may contain images of deceased persons.

Role of the Australian Digital Health Agency

The Australian Digital Health Agency (the Agency) is a corporate Commonwealth entity supported by all Australian governments to accelerate adoption and use of digital services and technologies across the Australian health ecosystem, as set out under the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016 (Agency Rule). The Agency Rule was created under the *Public Governance, Performance and Accountability Act 2013*. Under the Agency Rule, the Agency is charged with developing a digital health strategy at the national level for Australia.

Copyright

© Australian Digital Health Agency, 2026



This work is copyright. In addition to any use permitted under the *Copyright Act 1988* all material contained in this report is provided under a [Creative Commons Attribution–Non Commercial 4.0](#) licence with the exception of:

- the Commonwealth Coat of Arms
- any logos and trademarks;
- any third party material;
- any material protected by trademark; and
- any images or photographs.

We request that use of all or part of this report include the following attribution: © Australian Digital Health Agency, 2026 Clinical Governance Performance Report 2024–2025.

ISBN

978-1-7643527-0-3

Disclaimer

The Agency makes the information and other material (“Information”) in this document available in good faith but without any representation or warranty as to its accuracy or completeness. The Agency does not accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use.

Message from the Chair



It is with great pride that I present the Clinical Governance Performance Report 2024–2025 on behalf of the Clinical Governance Committee. As the newly appointed Chair, I am honoured to follow the outstanding leadership of Dr Steve Hambleton. I thank Steve for his significant contribution to the Agency’s clinical governance journey and look forward to building on the strong foundation he helped to establish.

This year marked a period of meaningful progress for the Agency in strengthening clinical governance across digital health initiatives nationally and internationally. We welcomed new multidisciplinary leadership and increased collaboration with healthcare professionals, consumers and partner organisations. A key milestone was the appointment of Karen Booth as Chief Clinical Adviser (Nursing), bringing valuable nursing leadership and helping ensure a more inclusive approach to digital health safety and design.

The Clinical Governance Committee provided advice and oversight on more than 40 Agency programs and projects. We guided the implementation of a national clinical safety training program, improved clinical safety systems and dashboards and supported legislative reforms such as the *Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025*. We also helped shape the stewardship model underpinning these policy shifts, ensuring clinical safety and person-centred care remain at the core.

Our work also focused on embedding cultural safety and equity, exploring ways to introduce Aboriginal Digital Health Impact Statements and enhancing incident management processes to respond to the increased use of My Health Record. We continued to advocate for responsible use of artificial intelligence and supported the growth of national and international clinical governance networks to build capability and shared learning.

The Digital Health Adviser (DHA) Service expanded its impact, contributing clinical and lived-experience expertise and influencing design, implementation and evaluation. Our first face-to-face DHA workshop since 2022 was a powerful reminder of the value and expertise that clinical, consumer and carer voices bring to digital health design.

This report is a testament to the collaborative effort across the Agency, our partners and the wider health and care community. I thank all involved for your dedication to improving digital health outcomes and fostering a culture of safety, learning and innovation. Together, we are building a strong foundation to support digital health transformation that is safe, trusted and truly centred on people.

Dr Amandeep Hansra

Chair, Clinical Governance Committee
Chief Clinical Adviser (Medicine)

Message from the Chief Executive Officer



It's my pleasure to introduce the Clinical Governance Performance Report 2024–2025, a reflection of the remarkable work, collaboration and commitment across the Agency and our partners to deliver safer, better and more connected healthcare for all Australians.

This past year has been transformative. We've seen clinical governance evolve from a foundational framework into a dynamic force shaping digital health innovation. From the successful passage of the *Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025* to the strengthened role and evolving impact of our Digital Health Adviser (DHA) Service, we've embedded clinical safety, equity and person-centred care into everything we do.

We've strengthened our leadership with the appointments of Dr Amandeep Hansra and Karen Booth as Chief Clinical Advisers, bringing multidisciplinary expertise to the heart of our strategy. Their guidance has helped us amplify clinical voices and ensure our products and services meet the needs of all Australians and reflect the realities of care delivery.

Our DHAs have brought the power of lived experience and clinical expertise to nearly 100 projects this year. Their insights have shaped national initiatives like the Sparked program and the collaborative design of the 1800MEDICARE app (formerly known as the my health app). The return to in-person workshops reminded us of the power of connection and the value of lived experience in digital health design.

We've also taken bold steps in areas such as artificial intelligence (AI) stewardship, cultural safety and global collaboration. The launch of our AI transparency statement, the development of Aboriginal Digital Health Impact Statements, and our work with international partners signals our commitment to ethical, inclusive and future-ready healthcare.

This report is more than a summary – it's a testament to our shared ambition. It shows how clinical governance is not just a set of principles, but a culture we're building together, one that listens, learns and leads.

Thank you to everyone who contributed. Your expertise, passion and partnership are what make this work possible. Let's keep moving forward – towards a health system that is always safer, always better and always more connected.

Amanda Cattermole PSM

Chief Executive Officer

Contents

Executive summary	1
Upholding clinical governance at the Agency	6
Chief Clinical Advisers	7
Clinical Governance Committee	8
Clinical Governance and Assurance Branch	10
Embedding clinical governance in Agency projects and programs	12
Supporting better and faster access to pathology and diagnostic imaging reports	12
Exploring the use of Aboriginal Digital Health Impact Statements	13
Supporting the responsible use of AI	14
Promoting the importance of clinical governance in digital health	17
Engaging with the wider healthcare sector	17
Furthering engagement across the Agency	21
Leading clinical governance and safety within the Agency	22
Improving the safety and reliability of digital health products and services	22
A person-centred and clinically informed approach	33
Glossary	37

Executive summary

The Australian Digital Health Agency's *Clinical Governance Performance Report 2024–25* highlights the work and achievements of the Agency this past financial year in promoting clinical governance practices and principles, both within the organisation and across the healthcare sector. The activities described in this report continue our progress in embedding clinical governance throughout our work, emphasising our commitment to person-centred, clinically safe and high-quality health and care for all Australians.

In 2024–25, clinical governance continued to shape our projects and programs. This included supporting new legislation changes requiring the default sharing of pathology and diagnostic imaging reports to My Health Record (*Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025*), exploring how to better meet the safety and priority needs of Aboriginal and Torres Strait Islander people through our products and services, and supporting the responsible use of artificial intelligence (AI) in our work.

As stewards of clinical governance, the Agency has a responsibility to promote the importance of clinical governance in digital health. In 2024–25, we built on our previous work in this area by delivering a new 3-part webinar series focused on clinical governance (the Bytesize webinar series) and hosting the second C3.0 Connect. Care. Confidence. Summit on clinical governance in digital health. These events were successful in increasing understanding of clinical governance principles and practices among stakeholders. We also continued building networks across the healthcare sector, establishing the National Clinical Governance in Digital Health Community of Interest and continuing global collaboration through the International Digital Health Interest Group, the latter established under the Global Digital Health Partnership. In addition, we fostered strategic partnerships with the Australian Commission on Safety and Quality in Health Care and Cancer Australia.

We also emphasised our commitment to ensuring clinical governance principles underpin all our work by focusing on internal relationships and processes. We launched the Clinical Governance Quality Improvement Series to help staff embed clinical governance principles into their work and to support them in recognising future quality improvement opportunities. This series forms part of the new clinical governance quality improvement cycle, which ensures insights from our staff drive meaningful and continuous quality improvement and change aligned to the Agency's vision.

The Agency's Clinical Safety and Clinical Incident Management Service continued to play a crucial role in supporting clinical governance both within and outside the organisation. In 2024–25, the Clinical Safety Service contributed to 42 Agency programs and projects, while the Clinical Incident Management Service managed more than 430 individual cases, a 29% increase from the previous year. This growth reflects stronger consumer engagement and the Agency's improving capacity to manage and reduce risks in the consumers health information.

Digital health advisers (DHAs) also continued providing invaluable clinical and lived-experience expertise to Agency projects and program areas in 2024–25. Their participation increased significantly compared to the previous year, averaging 33 monthly engagements, ranging from supporting operational activities to developing national healthcare information standards. The Agency hosted its first face-to-face workshop with the DHAs since 2022, which provided DHAs the opportunity to engage as a group and discuss key clinical governance issues in digital health together with the Agency team. We are also working to further evolve our DHA Service to maximise the impact and effectiveness of the advice DHAs provide on our products and services.

We achieved a lot in 2024–25, but we recognise there is still more to do to ensure clinical governance becomes a continuous, embedded practice both within the Agency and across the broader healthcare sector. We will continue to strengthen and integrate clinical governance into all our products and services, supporting our goal of delivering better health outcomes for all Australians.

Key highlights

Area	Achievements
 <p>Clinical Reference Group</p>	<p>The group provided advice to inform policy change and support drafting of the new Health Legislation Amendment (<i>Modernising My Health Record – Sharing by Default</i>) Act 2025.</p>
 <p>Enhance Clinical Safety Service</p>	<p>The service:</p> <ul style="list-style-type: none"> • contributed to 42 Agency programs and projects and made 13 recommendations accepted by risk owners to improve safety and quality. • launched a centralised product library and partnered with the Australasian Institute of Digital Health to develop national clinical safety training modules.
 <p>Clinical Incident Management Service</p>	<p>The service:</p> <ul style="list-style-type: none"> • expanded its capacity in response to increased use of My Health Record and managed 29% more cases than in 2023–24. • improved engagement with digital health advisers (DHAs) to support the management of complex cases. • enhanced the incident management platform to improve data capture and analysis.
 <p>Digital Health Adviser (DHA) Service</p>	<p>DHAs:</p> <ul style="list-style-type: none"> • contributed to 97 Agency projects and programs, playing a key role in national initiatives including the Sparked program and the 1800MEDICARE app (formerly known as the my health app) collaborative design workshops. • participated in an average of 33 engagements each month – an 83% increase in monthly engagements compared with 2023–24. • The Agency hosted its first face-to-face workshop with DHAs since 2022 to discuss the future of digital health.

Area	Achievements
 <p>Cultural safety and equity</p>	<p>The Agency began exploring ways to introduce Aboriginal Digital Health Impact Statements to ensure that the health needs and interests of Aboriginal and Torres Strait Islander people are considered early in policy, project and program design.</p>
 <p>Ethical use of artificial intelligence (AI)</p>	<p>The Agency:</p> <ul style="list-style-type: none"> published an AI transparency statement and appointed its first AI Accountable Official, demonstrating the Agency’s commitment to ethical AI practices. established the Stewardship of AI in Health and Care Section within the Clinical Governance and Assurance Branch. established the Artificial Intelligence Stewardship Committee to support person-centred, clinically informed, responsible, safe, ethical and transparent use of AI. launched an AI fundamentals training course to educate Agency staff members on the safe and responsible use of AI.
 <p>Leadership and collaborative efforts</p>	<p>The Agency:</p> <ul style="list-style-type: none"> partnered with the Australian Commission on Safety and Quality in Health Care (the Commission) to present the 2024 Bytesize webinar series and host the second C3.0 Summit in February 2025, both aimed at increasing understanding and awareness of clinical governance principles and practices in digital health service provision across the healthcare sector. convened the inaugural and 2 subsequent meetings of the National Clinical Governance in Digital Health Community of Interest. convened 2 meetings of the International Digital Health Interest Group, culminating in a commitment to develop a global clinical governance white paper.
 <p>Strategic partnerships</p>	<p>The Agency:</p> <ul style="list-style-type: none"> executed an updated memorandum of understanding (MOU) with the Commission. signed a new MOU with Cancer Australia, creating a shared vision for greater collaboration and uplift of digital health initiatives relating to Australians living with cancer.

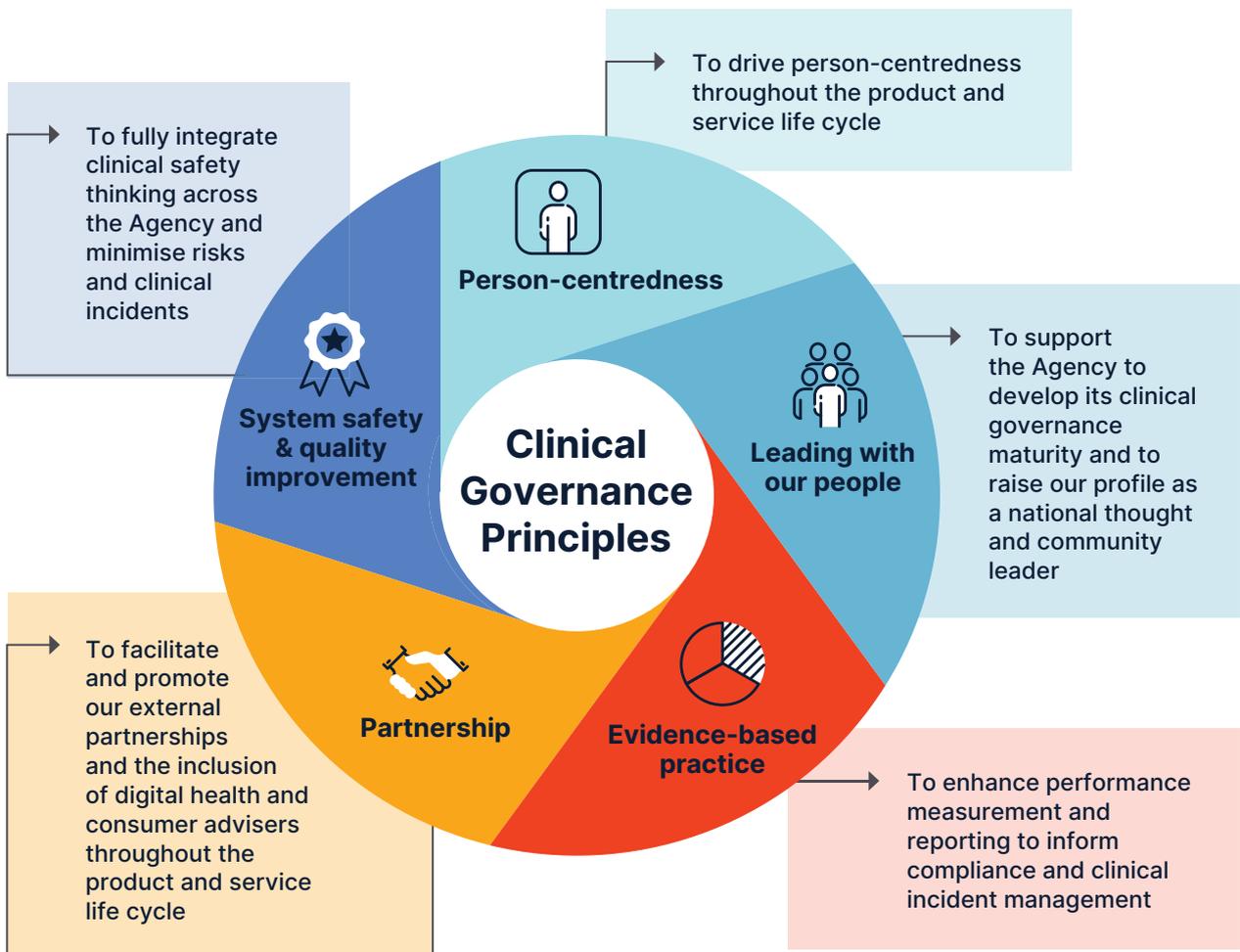
Area	Achievements
 <p data-bbox="225 465 429 528">Internal clinical governance</p>	<p data-bbox="544 356 1366 517">The Agency launched the Clinical Governance Quality Improvement Series and established the clinical governance quality improvement cycle, embedding continuous improvement practices across the Agency.</p>
 <p data-bbox="237 815 416 878">Chief Clinical Advisers</p>	<p data-bbox="544 683 1350 844">The Agency welcomed a new Chief Clinical Adviser (Medicine), Dr Amandeep Hansra, and appointed its first Chief Clinical Adviser (Nursing), Karen Booth, enhancing multidisciplinary clinical leadership and governance.</p>

Upholding clinical governance at the Agency

Clinical governance is a person-centred system for ensuring clinical safety, quality and continuous improvement in the delivery of health and care, including through digital health. At the Agency, clinical governance is a set of relationships and responsibilities between Australian Government departments and our executive team, Board, committees, staff members, partners, Australian healthcare consumers and other stakeholders that aims to deliver and continuously improve safe and high-quality products and services.

The Agency’s [Clinical Governance Framework for Digital Health](#) provides guidance to staff members and stakeholders on how to demonstrate clinical governance throughout their work. The framework supports a culture of safety and quality across our workforce, with the overarching aim of improving health outcomes for all Australians. The framework is underpinned by 5 equally important principles, shown in Figure 1.

Figure 1: Clinical governance principles underpinning the Agency’s Clinical Governance Framework for Digital Health



The Clinical Governance and Assurance Branch – positioned within the Policy, Programs and Engagement Division – plays a central role in implementing the framework across the Agency’s operations, ensuring that clinical governance principles are embedded in all digital health initiatives. This operational foundation is complemented by strategic clinical leadership from the Chief Clinical Advisers and structured oversight from the Clinical Governance Committee (CGC). Together, these elements form a cohesive governance model that integrates vision, execution and assurance, supporting informed decision-making and safe, effective transformation of healthcare through digital innovation.

Chief Clinical Advisers

In 2024, the Agency made key appointments to enhance clinical leadership and governance, reflecting the Agency’s commitment to the safe and effective use of digital health technologies and the central role of clinical governance in every facet of the Agency’s strategic outlook and operations.

In June 2024, Dr Amandeep Hansra was appointed as Chief Clinical Adviser (Medicine). Dr Hansra is a recognised leader in digital health and telehealth, with extensive experience in clinical practice, education and governance. Her clinical expertise is invaluable for informing the Agency’s strategic direction and digital health initiatives.

In August 2024, Karen Booth was appointed as the first Chief Clinical Adviser (Nursing). Ms Booth is a highly respected nurse leader with an extensive background in primary care, preventative health and clinical governance. Her appointment strengthens the Agency’s ability to incorporate the perspectives of Australia’s largest health workforce – nurses – into digital health strategies, stakeholder engagement and implementation planning.

Together, these new appointments:

- further strengthen clinical leadership at the Agency
- provide multidisciplinary, expert leadership of the Clinical Governance Framework
- increase broad-based clinical representation at the executive level
- drive engagement with the medical and nursing workforces, supporting the ongoing transformation and adoption of digital health solutions across the health and care sector
- strengthen oversight and support for the DHAs
- contribute to the delivery of safe, connected and person-centred care for all Australians.

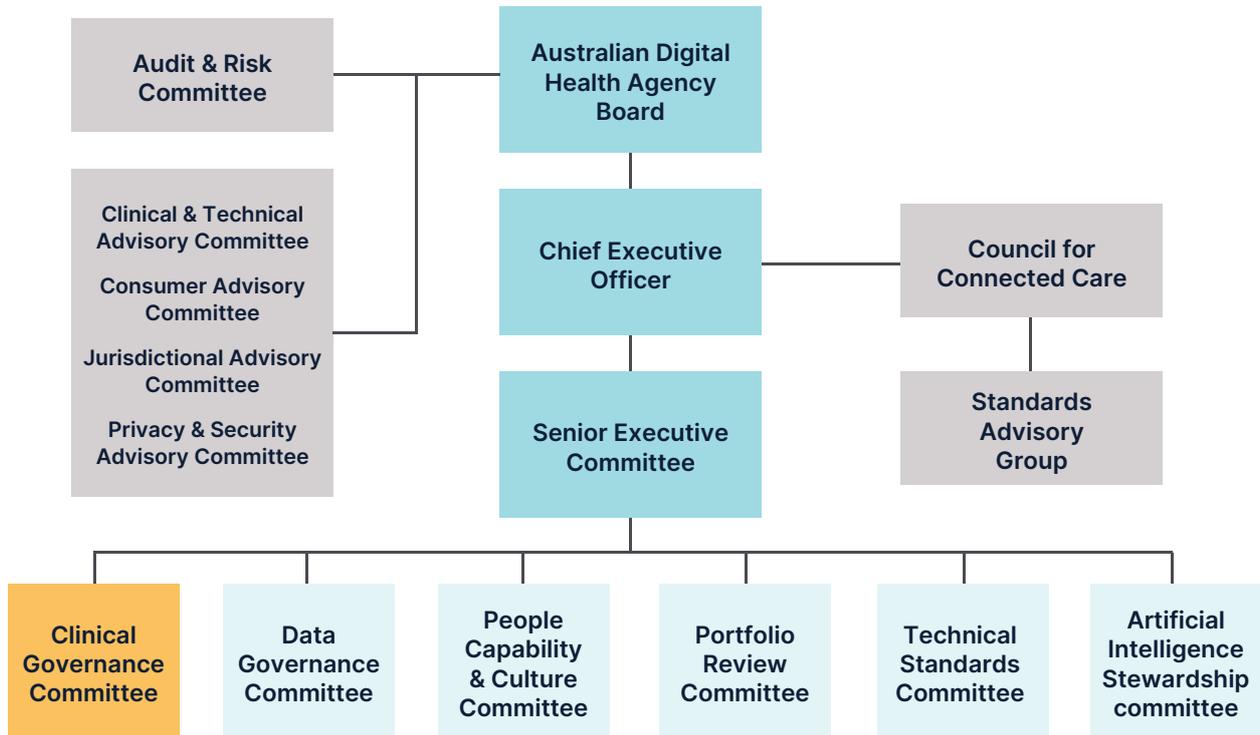
Karen Booth, Chief Clinical Adviser (Nursing), shared:

As Chief Clinical Advisers, our role is to guide and support the Agency in developing products that meet the needs of both consumers and service providers, with consumer safety at the forefront. Our appointments bring together complementary skill sets from nursing and medical backgrounds, enabling a multidisciplinary lens across our products, services and quality assurance processes that reflect contemporary healthcare. Healthcare is evolving rapidly – we need a more connected system that improves access and continuity of care, and this transformation will be digital. The Agency is leading this shift, advancing care, enhancing communication and ensuring inclusivity for both consumers and their care teams. It's an exciting time to be part of this digital revolution, supporting our workforce colleagues and helping shape the health systems of the future.

Clinical Governance Committee

The Clinical Governance Committee (CGC) is a key advisory body that actively guides clinical governance compliance across the Agency's operations. Established to provide technical advice and clinical oversight, the CGC supports the Agency's programs and projects by monitoring and reporting on clinical governance activities and providing structured advice on clinical safety and quality matters to product owners, service providers and decision-makers. The focus of the CGC is on encouraging a culture of clinical safety and continuous improvement and ensuring projects and programs align with the Clinical Governance Framework and its 5 principles. Figure 2 shows how the CGC fits within the broader Agency governance structure. In 2024–25, the CGC was chaired by the Chief Clinical Adviser (Medicine), Dr Amandeep Hansra.

Figure 2: How the CGC fits within the broader Agency governance structure



In 2024–25, the CGC continued its valuable contributions to clinical governance by reviewing and advising on a wide variety of initiatives, ensuring that clinical governance was considered from early design through to implementation. A major focus in 2024–25 was the development and endorsement of a national clinical safety training program to build sector-wide capability in clinical safety. This program was supported by the Australasian Institute of Digital Health, co-designed with England’s National Health Service and tailored to the Australian context (see the section [Improving clinical safety in 2024–25](#) for more details). Along with this training program, the CGC also advocated for the integration of digital health into tertiary education curricula, reinforcing its commitment to long-term workforce development.

Also in the clinical safety space, the CGC endorsed enhancements to the Clinical Safety Management System, including the launch of a centralised product library and integration with project management tools. It also oversaw the continued development and adoption of the Clinical Safety Risks Dashboard, which tracks clinical safety risks across Agency projects and supports early identification and mitigation of clinical safety concerns. See the section [Clinical Safety Service](#) for more details.

The CGC continued to strengthen clinical incident management processes. It endorsed the onboarding of clinical incident management into the Service Integration and Management Framework, a methodology for managing IT systems that include multiple technology suppliers. This has improved consistency, accountability and responsiveness in managing clinical risks. It also supported quarterly incident reporting and thematic deep dives, enhancing the Agency’s ability to identify trends in clinical incidents – and implement targeted improvements. For more information on clinical incident management, see the section [Clinical Incident Management Service](#).

Cultural safety and equity were also prioritised by the CGC, which guided exploration into the development of Aboriginal Digital Health Impact Statements (see the section [Exploring the use of Aboriginal Digital Health Impact Statements](#) for more information). This work aligns with the Agency's [Innovate Reconciliation Action Plan](#) and reflects the committee's broader role to ensure inclusive governance structures.

In aged care, the CGC reviewed digital transformation efforts, including the rollout of the Aged Care Transfer Summary and initiatives to improve My Health Record connectivity and conformance among residential aged care providers.

To support its oversight of Agency activities, the CGC regularly reviewed reports such as the Clinical Incident Management report, the Enterprise Portfolio Management Office report, and the Clinical Safety Activities Report. It also received updates from advisory groups including the AI Community of Practice and the National Clinical Governance in Digital Health Community of Interest, to remain informed of sector-wide developments.

Through its work, the CGC has influenced national policy and practice, strengthened internal governance structures and promoted a culture of transparency, inclusion and continuous improvement. Its contributions have ensured that clinical governance remains a visible and measurable part of the Agency's performance,¹ supporting the delivery of safe and high-quality digital health services for all Australians.

Clinical Governance and Assurance Branch

The Clinical Governance and Assurance Branch sits in the Policy, Programs and Engagement Division of the Agency (Figure 3). The branch leads the integration of clinical governance across the Agency, as demonstrated through activities set out in this report. It does this through 4 core sections: Clinical Safety and Incident Management, Clinical Governance, Compliance Outreach and the DHA Service (Figure 4).

The functions of these sections include:

- embedding clinical governance across the Agency in line with the Clinical Governance Framework and its 5 principles
- providing leadership, education and advice on digital health initiatives
- ensuring systems and products are designed, built and implemented in a clinically safe way, with expert input from our DHAs
- monitoring organisational performance and maturity in clinical governance and evolving the framework resources
- identifying, mitigating and preventing risks to patient safety associated with digital health products and services
- coordinating clinical governance practices nationally and internationally, including partnerships for external assurance
- providing support to the CGC.

¹ In line with section 6 of the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016 to implement the 5 principles of the Clinical Governance Framework for Digital Health.

Figure 3: The Agency’s organisational structure

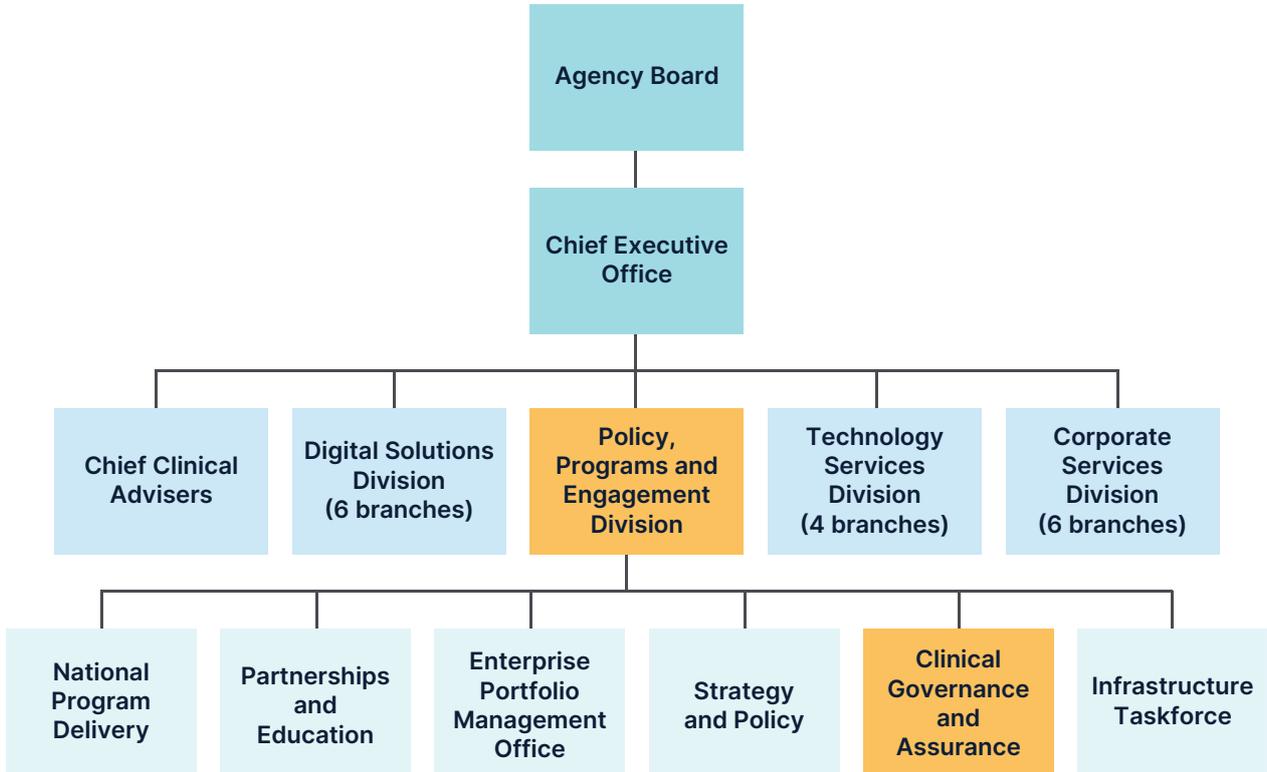
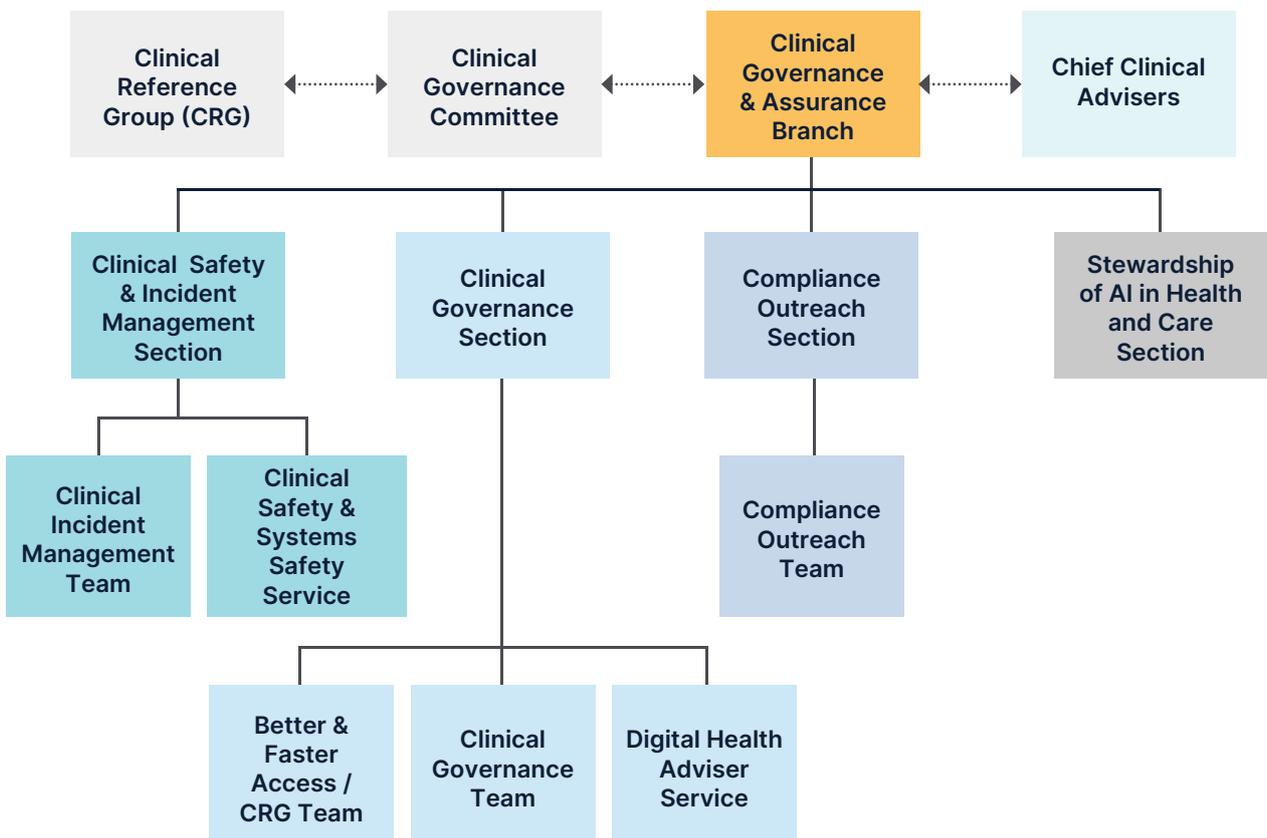


Figure 4: The Clinical Governance and Assurance Branch organisational structure



Embedding clinical governance in Agency projects and programs

Clinical governance underpins all Agency work, including our projects and programs. In 2024–25, these projects included supporting legislation changes around the sharing of pathology and diagnostic imaging reports, exploring ways to better meet the health and wellbeing needs of Aboriginal and Torres Strait Islander people and responsibly embracing the use of AI in the Agency.

Supporting better and faster access to pathology and diagnostic imaging reports

In response to recommendations made in the [Strengthening Medicare Taskforce report](#) published by the Australian Government in 2023, the Australian Government passed into law the *Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025*. This Act establishes a framework that requires healthcare providers to share certain health information (starting with pathology and diagnostic imaging test results) to My Health Record by default. The changes aim to give Australians and healthcare providers better access to key health information when it is needed. As the system operator of My Health Record, the Agency has been working to support the legislation changes through the [Better and Faster Access to Pathology and Diagnostic Imaging Results program](#). This program supports pathology and diagnostic imaging providers and organisations to register and connect to the My Health Record system, and to remove the delay that consumers and care teams currently experience in accessing the reports on My Health Record, where it is safe to do so.

Clinical governance has played a significant role in the legislation changes (see Box 1), notably through the [Clinical Reference Group \(CRG\)](#). The CRG was established by the Agency and the former Department of Health and Aged Care to provide strategic advice, lived-experience perspectives and clinical oversight on how to improve the sharing of pathology and diagnostic imaging reports to My Health Record. Following work completed over the past 18 months, the CRG will transition to a new national committee arrangement, focused on adopting an enduring clinical governance stewardship model. This group will support policy implementation, address clinical safety issues and ensure the sector remains aware of any policy changes – signalling a broader shift that is likely to shape future governance models, including those under consideration within the Agency. The success of the CRG model led to the adoption of a similar process for [Health Connect Australia](#), a national health information exchange program designed to enable the quick and secure sharing of health information between healthcare participants. By integrating clinical governance into this work, it is expected that digital infrastructure, standards, privacy protections and real-time data sharing will be formally supported through an advisory structure that considers the safety, quality and lived-experience perspectives of clinicians and consumers.

Box 1: The value of clinical governance in supporting the Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025

To support the Sharing by Default framework established by the *Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025*, the Agency has leveraged best practice clinical governance principles and activities such as:

- consulting and engaging appropriate clinical governance
- developing resources to support implementation of the legislation driving early adoption and consultation across the healthcare, diagnostic imaging and pathology sectors
- establishing an ongoing stewardship model to support policy implementation.

This clinically led and informed approach prioritised healthcare recipients' needs and experiences. It involved establishing a dedicated CRG, conducting targeted workshops with peak consumer bodies, collaborating with DHAs and producing materials to assist in delivering person-centred, safe and high-quality products – all of which will maximise policy performance to deliver the Agency's vision of a healthier future for all Australians through connected healthcare.

Exploring the use of Aboriginal Digital Health Impact Statements

Clinical governance is about ensuring better health outcomes for everyone. For some groups in our community, achieving this requires additional care and thoughtful consideration. Results from a 2024 survey held with Agency staff showed that a high proportion believed that the Agency could do more to try to meet the safety and priority needs of Aboriginal and Torres Strait Islander people through our products and services.

Several state and territory health departments already conduct Aboriginal Health Impact Statements (AHIS). These statements involve evaluating new and revised health policies, programs and strategies to ensure they consider the health needs and interests of Aboriginal and Torres Strait Islander people. Conducting an AHIS includes assessing:

- the health context for Aboriginal and Torres Strait Islander people in relation to a specific policy, program or strategy
- the potential impact of the policy, program or strategy on Aboriginal and Torres Strait Islander people, including ways to lessen any undesired effects
- engagement with Aboriginal and Torres Strait Islander people during the life of the policy, program or strategy.

Building on these examples, we have been exploring ways to introduce Aboriginal Digital Health Impact Statements (ADHIS) across the Agency, in line with our commitment to [Closing the Gap](#) and our [Innovate Reconciliation Action Plan](#). Unlike the AHIS, which focus broadly on health

policies, ADHIS will specifically address the cultural safety and digital health needs of Aboriginal and Torres Strait Islander people early in the development or revision of projects and programs, with the aim of improving their health and wellbeing.

Specifically, the exploration of ADHIS at the Agency should:

- assess the impacts of projects and programs on Aboriginal and Torres Strait Islander people
- examine digital health opportunities, barriers and enablers experienced by Aboriginal and Torres Strait Islander people and identify ways to improve their access to digital healthcare services and technologies
- support program areas to better address equity for Aboriginal and Torres Strait Islander people by monitoring and evaluating project and program design
- support Agency staff members and organisations to meaningfully engage with Aboriginal and Torres Strait Islander stakeholders and communities.

In 2024, we worked with Nganya, an independent First Nations–owned consultancy, to review the literature on the application of ADHIS. The review found that there has been no recent use or examples of ADHIS locally or internationally, and that the application of AHIS varied across Australia. The Agency aims to continue its work in this important area following further consultation with the Australian Government Department of Health, Disability and Ageing on similar initiatives.

Supporting the responsible use of AI

AI has the potential to change how we work in many ways, but in addition to maximising the opportunities AI presents, it is important to consider the risks and impacts associated with its use. We are committed to the responsible use of AI in our work and ensuring that it is person-centred, clinically informed and aligns with whole-of-government initiatives.

Committing to the responsible use of AI

On 1 September 2024, the Australian Government introduced its [Policy for the responsible use of AI in government](#). This outlines an approach for government to engage with AI in a safe and responsible way. Under this policy, certain agencies (those legally and financially part of the Commonwealth) must publish a statement outlining their approach to adopting AI. Although this was not required from the Agency, we chose to show our commitment to ethical AI practices by publishing an [AI transparency statement](#) on our website on 28 February 2025. We will update this statement over time as our approach to AI evolves.

We are also committed to the responsible use of AI in other ways, including:

- appointing our first AI Accountable Official, who oversees the implementation of the government’s AI policy within the Agency. The AI Accountable Official represents the Agency at cross-government forums to ensure we stay up to date with AI developments across the entire Australian Public Service
- establishing the Stewardship of AI in Health and Care Section within our Clinical Governance and Assurance Branch, to lead work on ensuring we have a person-centred and clinically informed approach to AI

- establishing a clinically led Artificial Intelligence Stewardship Committee (AISC), chaired by Karen Booth, the Agency’s Chief Clinical Adviser (Nursing). The AISC, which first met in March 2025, oversees our approach to AI and emerging technologies and ensures our practices are responsible, safe, ethical and transparent. The AISC aims to:
 - realise the potential benefits of AI within the Agency while mitigating risks
 - provide person-centred and clinically informed leadership in AI for digital health
 - align our practices with the whole-of-government approach to AI and the evolving regulations related to AI use.

The AISC operates in alignment with our [Clinical Governance Framework](#) and is guided by [Australia’s AI Ethics Principles](#).

Building AI capability within the Agency

To help build greater AI capability within the Agency, we launched the AI in Government Fundamentals training course within our learning management system. This course provides our staff with foundational knowledge about AI, focusing on safe and responsible use and its practical application in all aspects of our work. Staff who complete the course are invited to provide feedback for continuous improvement to ensure it remains relevant and effective. We are also assessing additional training that may be needed for specific roles and responsibilities such as procurement, development, training and deployment of AI systems.

I found the module’s use of scenario-based examples helpful in showcasing appropriate use of the technology and also highlighting the potential biases and risks when used inappropriately.

Agency staff member

Initiatives such as these ensure alignment with government policies and set a standard for the responsible use of AI within the Agency (see Box 2). This will help ensure that we continue to use AI in an ethical and transparent way into the future.

Box 2: The role of AI governance in supporting whole-of-government initiatives**How we are partnering with whole-of-government initiatives**

- Participating in a GovAI Working Group led by the Department of Finance, which is looking at AI initiatives within the public sector
- Supporting the Australian Commission on Safety and Quality in Health Care in the development of practical guidance for clinicians on the use of AI
- Participating in the AI Steering Committee organised by the Digital Transformation Agency, which is focused on developing policy and guidance for the use of AI within government

What we are planning for the future

- Introducing additional role-specific training on the use of AI
- Establishing a pathway for the review, assessment and implementation of AI technology in the Agency

Promoting the importance of clinical governance in digital health

The Agency plays an important role in promoting clinical governance, both within our organisation and across the healthcare sector. Ways we do this include organising educational events that bring together all levels of the healthcare sector, establishing groups of stakeholders to discuss important issues relevant to clinical governance and digital health and ensuring a strong focus on clinical governance in our internal processes.

Engaging with the wider healthcare sector

In 2024–25, we continued building on our previous work by creating more opportunities to bring together interested people and spread awareness about clinical governance across the healthcare sector. We also identified areas that will be a focus for further knowledge development in the future, to ensure that everyone has the confidence to implement clinical governance.

Increasing knowledge about clinical governance

In 2024–25, the Agency partnered with the Australian Commission on Safety and Quality in Health Care (the Commission) to present a new webinar series focused on clinical governance, and to host the second C3.0 Connect. Care. Confidence. Summit on clinical governance in digital health (first held in 2023). These events were targeted towards software developers, digital health innovators and medical industry representatives (including insurers and service providers), clinicians and healthcare professionals, quality and safety professionals, and consumers. In hosting these events, we aimed to:

- promote the Agency and the Commission as stewards of clinical governance in digital health
- increase understanding about the principles and practice of clinical governance
- promote the use and uptake of national digital health products and services while ensuring a strong focus on clinical governance.

Outcomes of the events are shown in Figure 5.

Bytesize webinar series

From October to December 2024, we hosted 3 Bytesize webinars, each focused on a different theme of clinical governance: connect, care and confidence. Experts – including healthcare professionals, software developers and academics – presented at the webinars, and around 600 people in total attended, including government employees, representatives from not-for-profit organisations, medical insurers and service providers.

Responses to pre-webinar surveys showed that, on average, only around a quarter (27%) of respondents felt confident in clinical governance principles and practice, while around a third (35%) had limited or no understanding of these topics. Following the webinar, a bit more than half of the respondents felt more confident in both the principles and practice of clinical governance.

Also, nearly all (more than 90%) respondents found the presentations and speakers engaging and the topics relevant. The response rate across pre-webinar surveys ranged from 16.0% to 26.5%. The response rate for post-webinar surveys ranged from 1.3% to 14.0%.

Looking to the future, we can do more to help people understand and apply clinical governance. After the webinars, around a third (35%) of the survey respondents said they would like more practical examples of how to implement clinical governance, while a small number stated they were still not confident about clinical governance. These areas will be a focus of future events and resource development.

C3.0 Connect. Care. Confidence. Summit 2025

The second [C3.0 Summit](#) was held both online and in Sydney on 18 February 2025. Like the 2024 Bytesize webinars, it included sessions focused on connect, care and confidence, with presentations from key people from the Agency and the Commission, representatives from technology companies and the Australasian Institute of Digital Health, clinicians, healthcare professionals and consumers. The invited attendees joining the summit in person included government and software industry employees, representatives from peak bodies, academics and clinicians. More than 500 people attended the summit online.

A post-event survey showed that most respondents (around 90%) found the presentations engaging and relevant (post-event survey response rate 6.7%). Knowledge growth among attendees was positive: before the summit, 15% of survey respondents claimed to have limited or no understanding of clinical governance principles and practice; this fell to 4% following the event (pre-event survey response rate 6.5%). Confidence in clinical governance principles and practice also increased, with a little under half (43%) of survey respondents feeling confident before the summit and around two-thirds (64%) feeling confident after the summit. The main takeaway messages from the summit were the importance of partnering with Australian healthcare consumers and taking a patient-centric approach when designing and implementing digital health services and tools, to ensure they are fit for purpose.

However, we did identify some areas for improvement. Around a third (32%) of respondents said they needed more practical examples of how to put clinical governance principles into practice, and some respondents stated they were still not confident in clinical governance principles or practice after attending the summit. We aim to improve on these aspects as we plan future engagement opportunities with the health and care community.

The pre-summit survey also asked respondents to rate their knowledge (novice, intermediate or advanced) level across a range of digitally focused topics. The topics with the highest number of self-identified novice ratings were AI, cybersecurity and connected care. In contrast, digital health, patient outcomes measurement, and cybersecurity received the most intermediate ratings. These insights help identify priority areas for future knowledge development and capacity building.

Figure 5: Outcomes of the Bytesize and C3.0 Summit



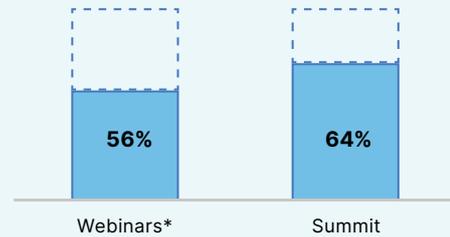
Attendees wanted to learn more about clinical governance and other aspects related to digital health

What attendees wanted (survey respondents)	Webinars*	Summit
Insights on government policies and initiatives	72%	71%
To understand clinical governance principles	63%	46%
Insights on technical innovations	59%	80%
To learn how to put clinical governance principles into practice	58%	64%



A survey of attendees after the events showed confidence in clinical governance principles and practice had increased

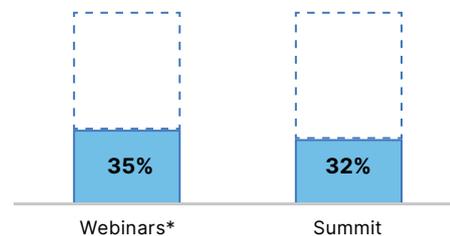
% of respondents who felt more confident in clinical governance principles and practices



But there is still room to improve, and this will be a focus of future events and resource development

% of respondents who wanted more practical examples of how to implement clinical governance

9%* of webinar attendees and 4% of summit respondents were still not confident in clinical governance principles or practice



* Average percentage from webinars with survey data

Building networks across the healthcare sector

In July 2024, the Agency convened the inaugural meeting of the National Clinical Governance in Digital Health Community of Interest, bringing together diverse stakeholders across the healthcare sector. The group aims to promote awareness and understanding of clinical governance. It met 3 times during 2024–25 to share expertise on emerging topics, including the adoption of AI and the effective use of data for safe, high-quality care.

The International Digital Health Interest Group, established under the [Global Digital Health Partnership](#), held its second meeting in October 2024. This group comprises representatives from 15 countries who aim to collaboratively advance clinical governance globally. The group met twice in 2024–25 to explore developments and challenges across member countries. At the October meeting, members proposed the development of a clinical governance white paper outlining the current state of clinical governance in their respective countries. An approach for drafting this white paper was formally endorsed at the group's most recent meeting in May 2025.

These initiatives have strengthened national and international clinical governance practices by encouraging dialogue on sector developments, addressing shared challenges and identifying opportunities to influence community engagement.

Partnering with organisations to support safe and high-quality care

The Agency's partnerships with the Commission and Cancer Australia support progress towards integrated healthcare delivery to promote improved health outcomes across Australia.

Australian Commission on Safety and Quality in Health Care

In 2021, the Agency and the Commission signed a Memorandum of Understanding (MOU) outlining each organisation's shared commitment to embedding effective clinical governance in the delivery of the national digital health program. It also provides an overview of how each organisation will contribute to this goal.

The MOU was revised in early 2025 to reflect the following agreed priority topics for 2024–2026:

- discharge information – enhancing the value and quality of hospital discharge information to empower consumers and provide more accurate information for multidisciplinary care
- standardised terminology – implementing the Australian Medicines Terminology in clinical information systems to support increased system interoperability and connected care
- healthcare identifiers – expanding uptake and use of national healthcare identifiers for better integration and optimised use in local clinical information systems.

The revised MOU describes specific projects related to these topics and outlines the responsibilities of the Commission and the Agency. The CEOs of both organisations meet twice a year to share priorities and discuss strategic direction. Further meetings are held throughout the year with senior executive members of both organisations to review project progress.

Cancer Australia

In May 2025, the Agency and Cancer Australia signed an MOU outlining their commitment to improving health outcomes for Australians affected by cancer. The agreement aims to foster a collaborative approach to supporting people living with cancer, with the first activity being a scoping study to consider the feasibility of integrating optimal care pathways (OCPs) into My Health Record, to provide consumers with information specific to the type of cancer they have. The MOU provides a framework for the development of a shared work plan and for governance arrangements to achieve the desired outcomes.

The scoping report for delivery of digital OCPs to consumers through My Health Record and the 1800MEDICARE app (formerly known as the my health app) will identify what is required to:

- improve patient access to the digital OCPs via My Health Record
- support the provision of personalised and integrated cancer care
- ensure the system is user friendly and evidence-based and aligns with national standards and policies.

Furthering engagement across the Agency

The Agency is committed to ensuring that the clinical governance principles underpin all our work. This not only relates to the products and services we provide to the broader community, but also to our internal relationships and processes.

In December 2024, the Clinical Governance Quality Improvement Series (QI Series) was launched as a practical way to further embed the Clinical Governance Framework across all Agency divisions. This initiative changed a previous plan for a self-assessment activity into an engaging phased program designed to build awareness, encourage alignment and drive continuous improvement in clinical governance practices.

The series was delivered as a weekly email to Agency staff over 5 weeks, with each week focusing on a different clinical governance principle explained using a practical workplace scenario. The series aimed to increase staff understanding of the principles, helping them identify how their current work aligns with the principles and recognise opportunities for quality improvement.

The QI Series provided insight into the current state of clinical governance activities and informed development of new activities, promoting a culture of continuous improvement. Staff feedback on the QI Series is being used to support development of tailored Clinical Governance Quality Improvement Branch Action Plans for 2025–26.

The series was supported by strong executive sponsorship, structured change-readiness activities and a comprehensive suite of tools and resources. These elements will increase clinical governance capabilities and confidence across all Agency staff and form the start of an ongoing continuous quality improvement cycle.

Leading clinical governance and safety within the Agency

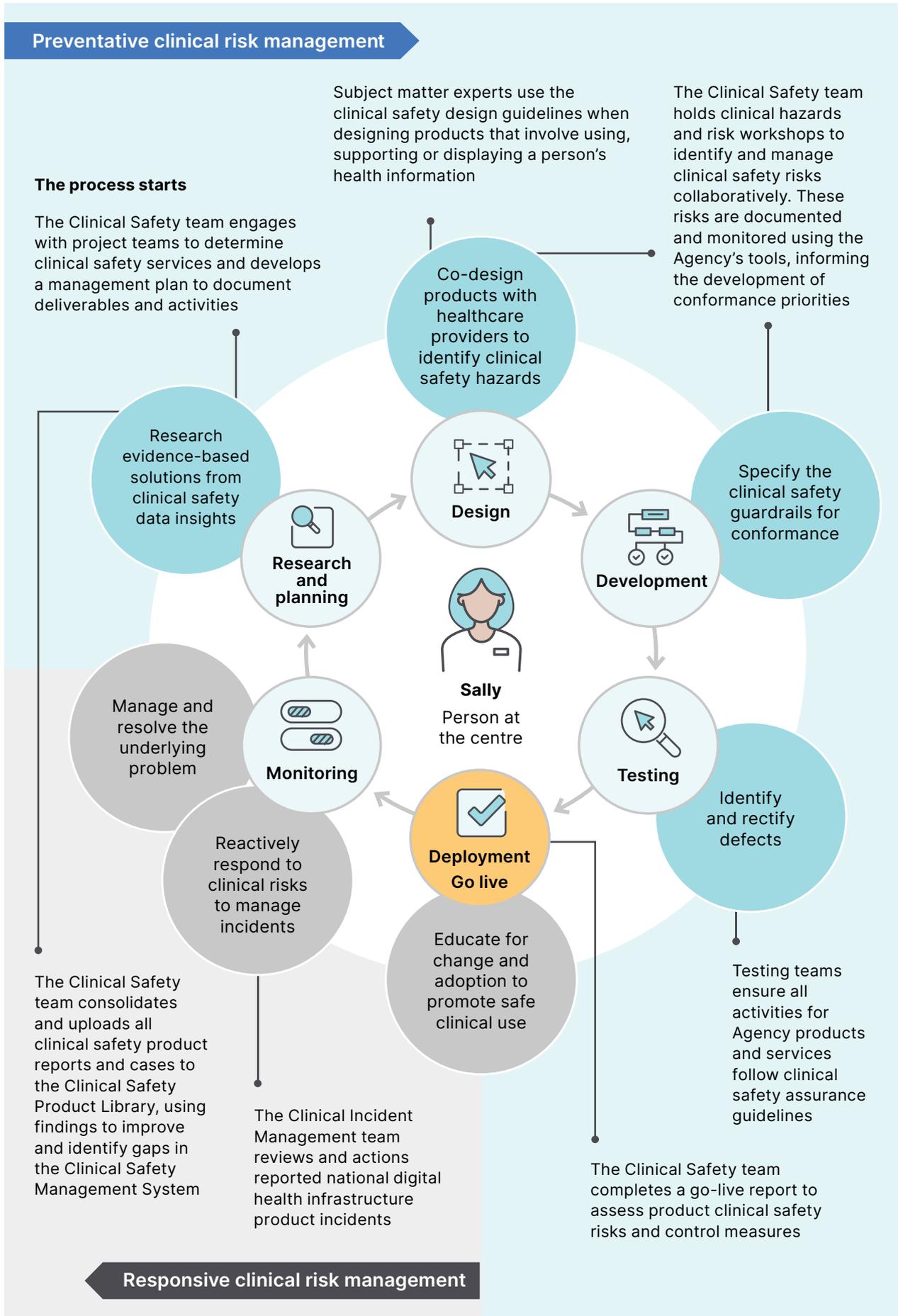
In line with the 5 principles underpinning the [Clinical Governance Framework](#), the Agency has established services to ensure our products are person-centred, evidence-based, safe and of high quality. These include the Clinical Safety Service, Clinical Incident Management Service and DHA Service, which all continue to play a crucial role in supporting Clinical Governance 2024–25.

Improving the safety and reliability of digital health products and services

The Clinical Safety and Incident Management Section protects consumers from avoidable harm by promoting and enhancing clinical safety for digital health and preventing and managing clinical risks and incidents.

Clinical safety involves organised activities that create cultures, processes, procedures, behaviours, technologies and environments in health and care to consistently and sustainably lower risks, reduce avoidable harm, decrease the likelihood of errors occurring and minimise the impact of errors when they occur. The focus is on digital health technology, products and services, and on the use, exchange and display of health information. Figure 6 provides an overview of how we identify and manage clinical safety risks within a digital health product life cycle.

Figure 6: How clinical safety is incorporated into the digital health product life cycle



Clinical Safety Service

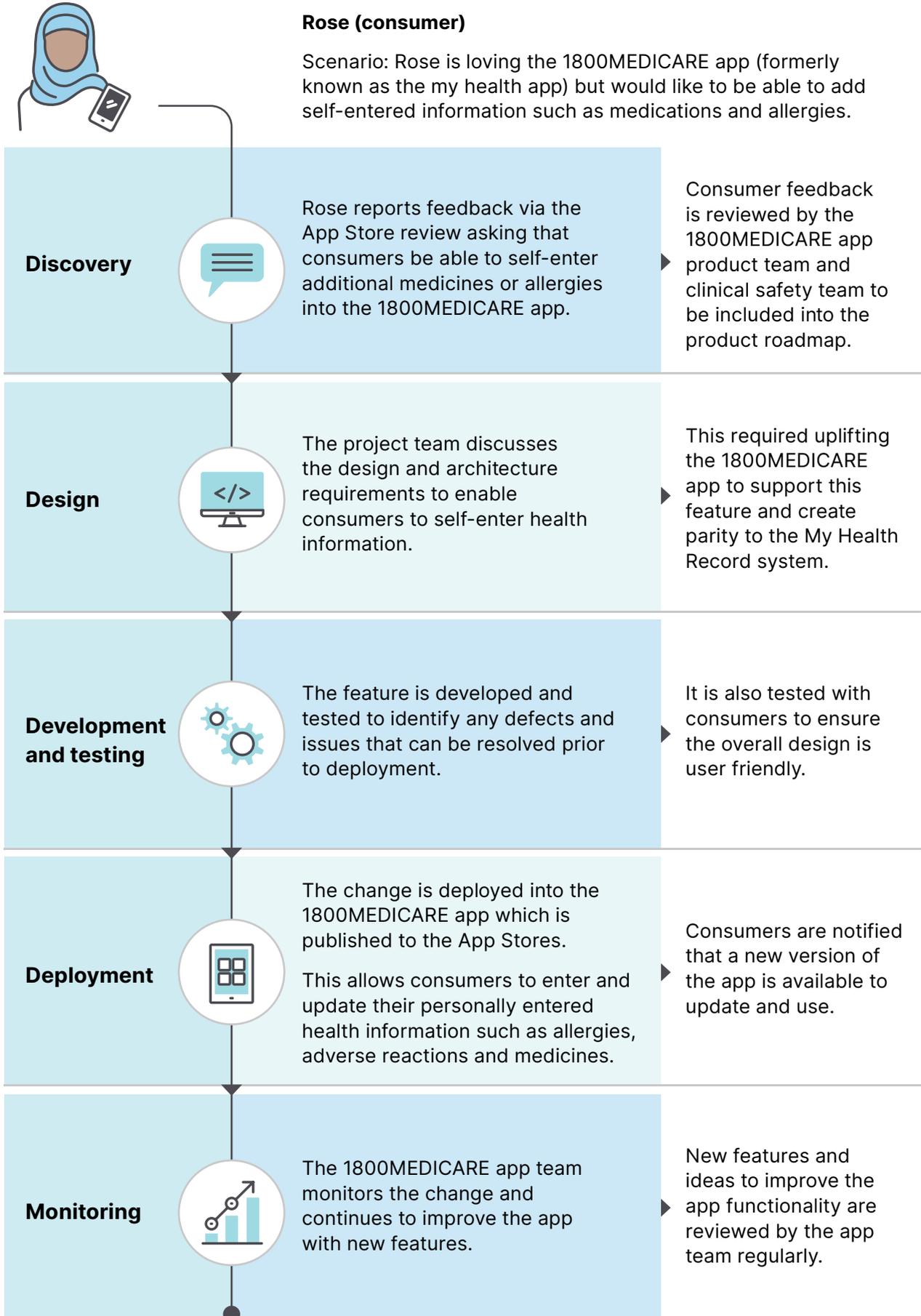
The Clinical Safety Service is responsible for:

- planning and delivering clinical safety services across Agency programs and projects
- facilitating and providing expert clinical safety and risk advice to support risk management and decision-making
- providing assurance that clinical risks have been identified and managed to reduce avoidable harm and negative consumer experiences
- promoting clinical safety risk practices, culture and insights across the Agency.

The Clinical Safety Service is applied across consumer and healthcare provider products and services, the [National Digital Health Strategy](#), the My Health Record modernisation program and Agency areas seeking the section's input.

Figure 7 shows an example of how clinical safety risk practices can be applied to a consumer-raised scenario.

Figure 7: Example of how clinical safety risk practices can be applied to a consumer-raised scenario

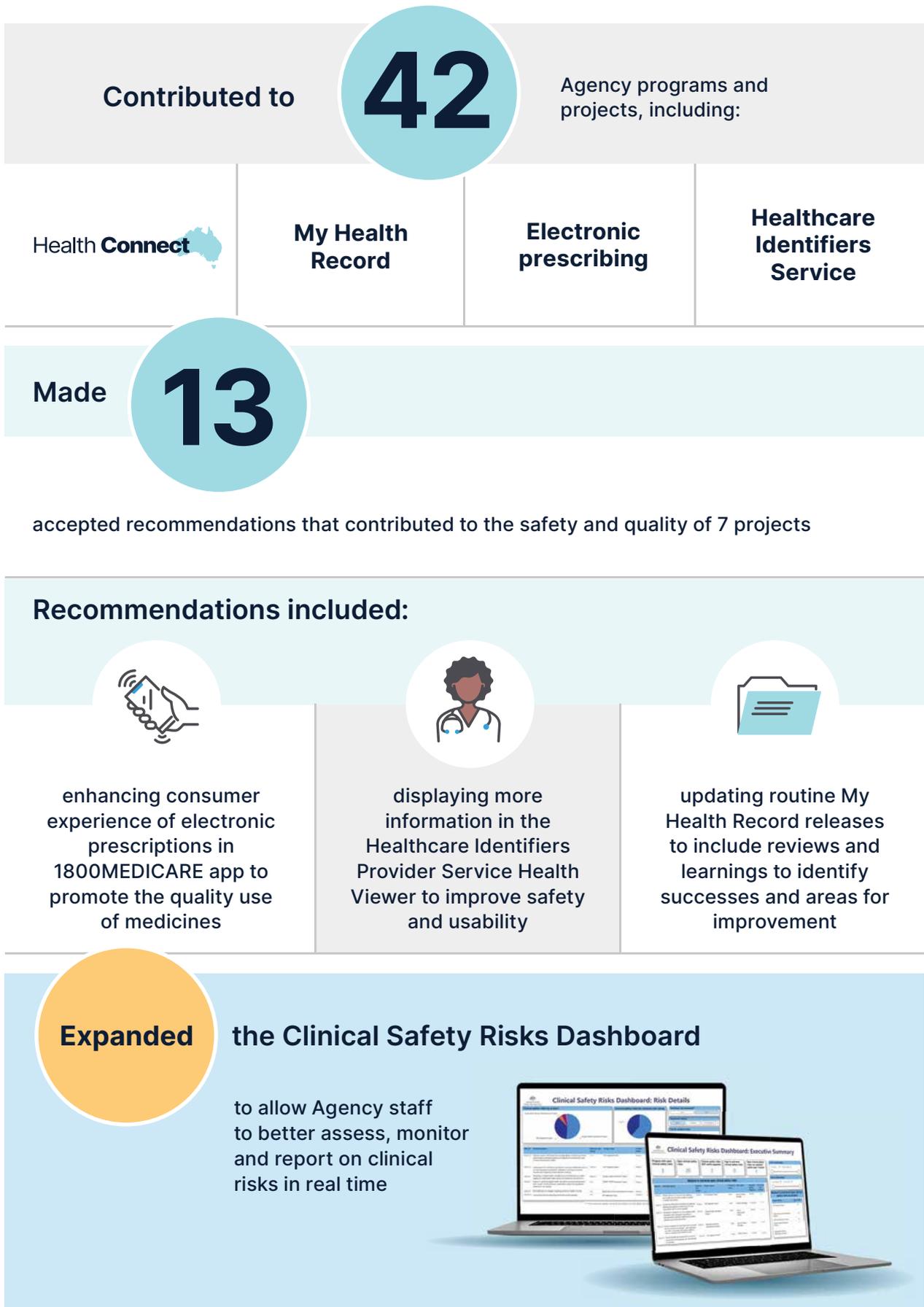


Improving clinical safety in 2024–25

In 2024–25, the Agency continued promoting clinical safety of digital health products and services internally and externally. The Clinical Safety team contributed to 42 Agency programs and products and made enhancement recommendations for the 1800MEDICARE app (formerly known as the my health app), My Health Record and the Healthcare Information Provider Service (HIPS) Health Viewer. The Clinical Safety team is also in the process of building a product library, which will contain clinical safety reports, recommendations and clinical risk registers at the product and service level for Agency products.

Externally, the Agency partnered with the Australasian Institute of Digital Health (as part of the [National Digital Health Capability Action Plan](#)) to develop training resources aimed at promoting awareness and capability in clinical safety for digital health products and services. Two eLearning modules (introductory and intermediate) were under development, with the introductory course scheduled for launch in August 2025. A summary of achievements is given in Figure 8.

Figure 8: Clinical Safety Service achievements 2024–25

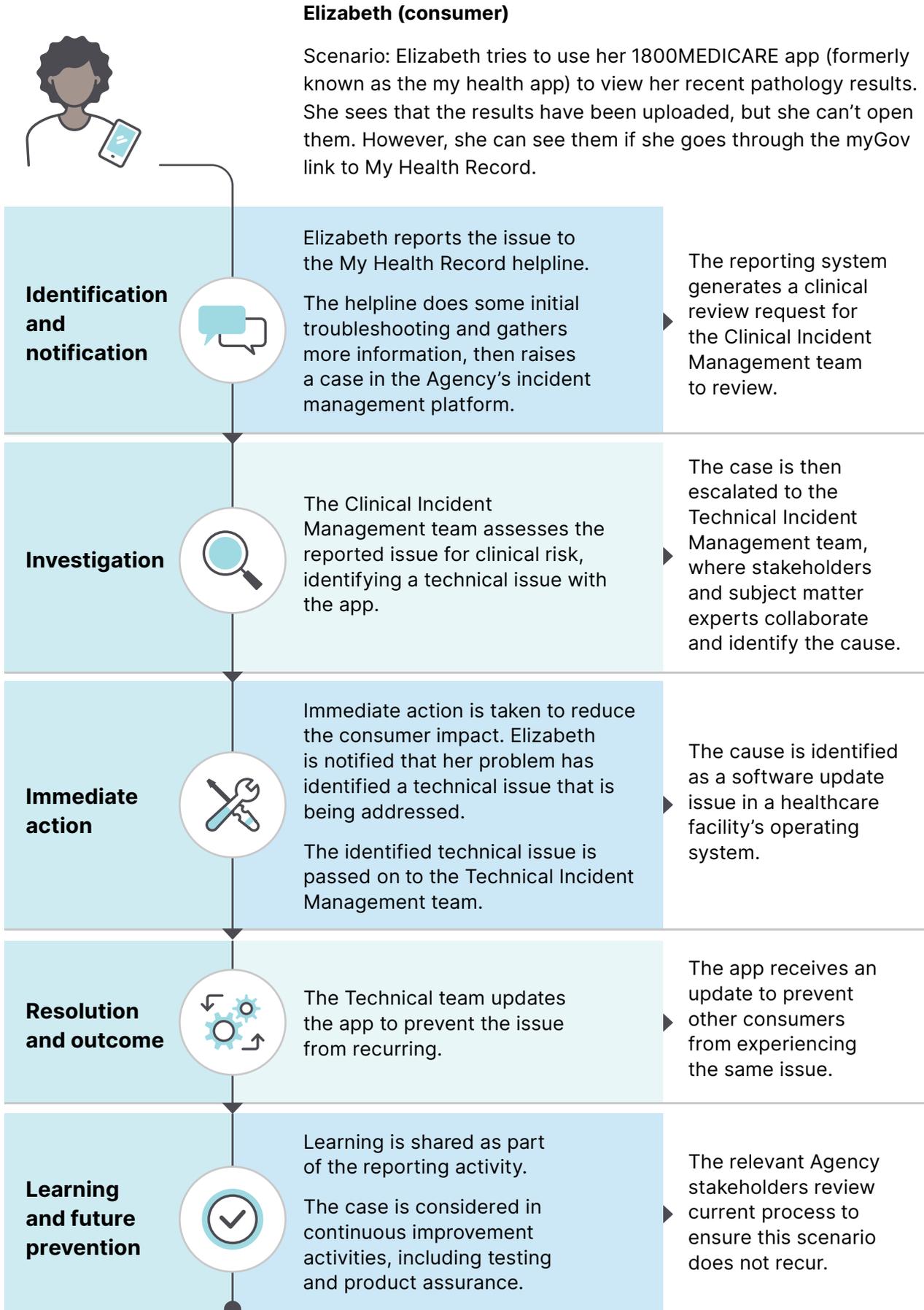


Clinical Incident Management Service

The Clinical Incident Management Service ensures that health products and services meet consumer needs and intended outcomes, and it manages clinical risks associated with health information. It addresses issues such as inaccurate, incomplete or misleading health data that could affect a consumer's health or care and minimises risks from technology changes and data interoperability issues. By regularly reporting to the CGC, the service helps identify and manage emerging risks and target opportunities for future system improvements.

Figure 9 shows an example of how clinical incident management practices can be applied to a consumer-raised scenario.

Figure 9: Example of how clinical incident management practices can be applied to a consumer-raised scenario



Improving clinical incident management in 2024–25

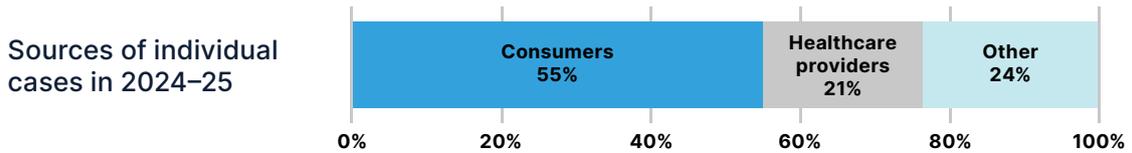
Consumers and healthcare providers continue to use My Health Record more each year – in 2024–25, usage increased by 47.6% for consumers and 23.9% for healthcare providers compared to 2023–24. Although reported clinical incidents are rare (1.5 incidents per 1 million clinical interactions), the increased usage of My Health Record highlights a need for sustained clinical oversight to ensure referred issues continue to be managed effectively.

The number of clinical reviews for technology-related incidents in 2024–25 was similar to that in 2023–24; however, the Clinical Incident Management Service managed more individual clinical cases relating to inaccurate, incomplete or misleading health data. To aid the management of complex clinical cases, the Clinical Incident Management team increased its engagement with DHAs via weekly meetings and on-call support. The team also made enhancements to the incident management platform to improve data capture and analysis, thereby ensuring that clinical incidents can be managed more effectively.

The Clinical Incident Management team continues to work closely with the Clinical Safety team on safety concerns as uploads increase of pathology and diagnostic imaging reports following introduction of the new *Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025*. The teams are mapping workflows and design enhancements that will improve the data included in reports, which will also help with the handling of complaints and issues.

A summary of achievements is given in Figure 10.

Figure 10: Clinical Incident Management Service achievements 2024–25



Digital health advisers also:

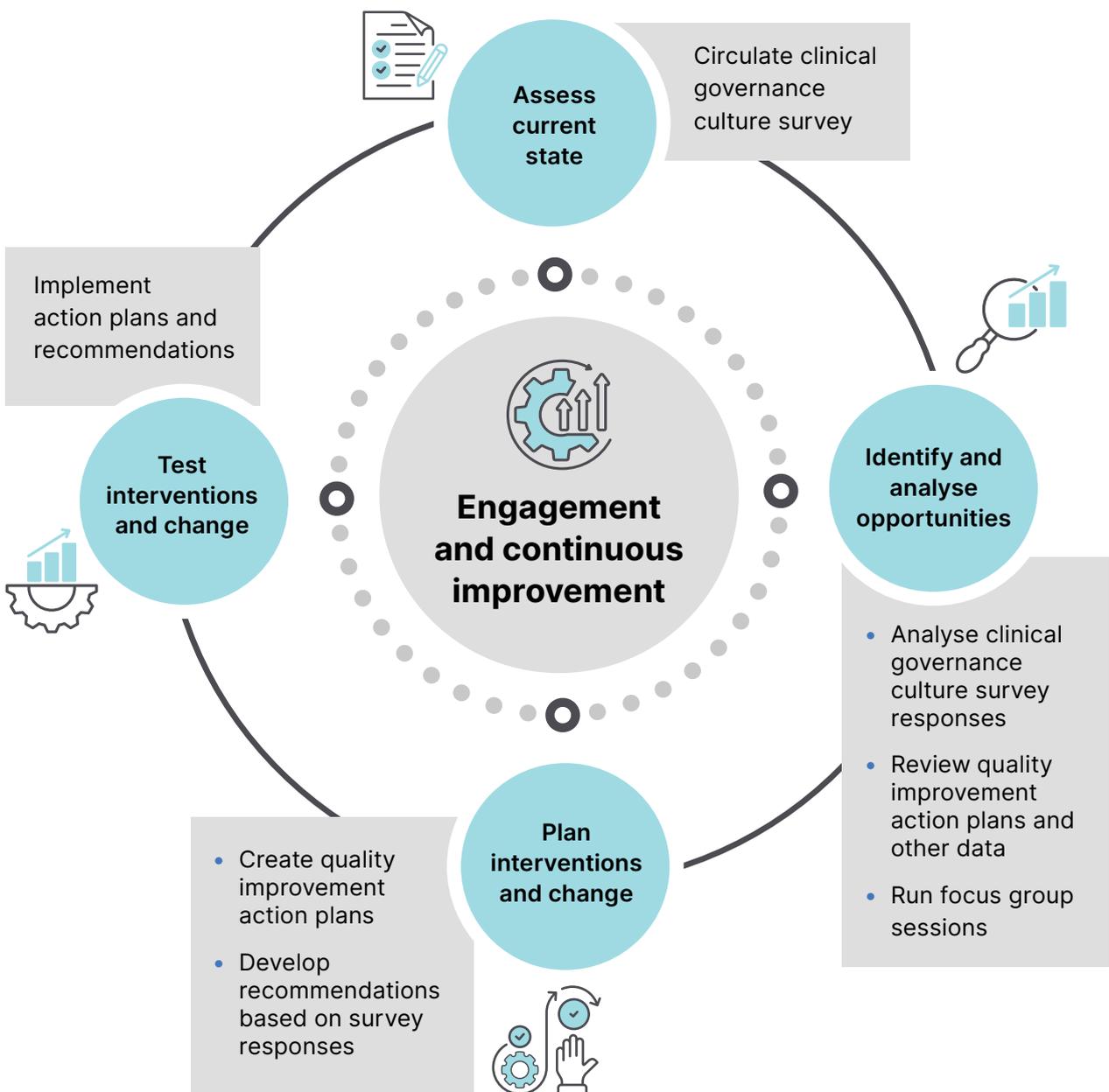


Participated in exercises demonstrating effective incident response for clinical risks

Embedding a culture of clinical governance within the Agency

The Agency has further embedded a culture of safety, accountability and continuous improvement within the organisation through the creation of the clinical governance quality improvement cycle (QI cycle). This annual cycle provides a roadmap for Agency staff members to embed clinical governance principles into their everyday work. The 4 phases of the QI cycle – assess, identify, plan and test – are informed by data, tailored support from the Clinical Governance Section, and a commitment to continuous learning through the Plan, Do, Study, Act (PDSA) methodology (Figure 11).²

Figure 11: Clinical governance quality improvement cycle



² The PDSA methodology is widely used in the healthcare setting to support quality improvement. Source of the PDSA cycle: Deming ED (1986) Out of the crisis, The MIT Press, Cambridge, Massachusetts.

The QI cycle integrates 2 previously separate clinical governance initiatives: the clinical governance culture survey and the QI Series. Combining these initiatives in a single framework ensures that insights from both directly inform targeted improvement actions, creating a feedback loop that drives meaningful, ongoing change.

The QI cycle is an important development for the Agency because it:

- promotes a shared responsibility for clinical governance among staff and empowers them to contribute to the safety and quality of digital health products and services
- enables Agency branches to take ownership of their progress while receiving expert guidance and tools to support local improvements – this builds capability and strengthens the Agency’s overall clinical governance system
- ensures that clinical governance is not a one-off activity but a continuous, embedded practice that evolves with the needs of the Agency and its people
- supports strategic alignment with the Agency’s performance reporting obligations and risk management frameworks.

A person-centred and clinically informed approach

DHAs play an important role in shaping and guiding digital health initiatives to ensure they meet the highest standards of safety, quality and person-centred care. DHAs comprise various healthcare professionals, academics, consumers and carers, who are experts in clinical and digital health or have valuable lived experience. DHAs work closely with the Agency to improve healthcare outcomes through digital health.

In 2024–25, DHAs contributed their insights to 97 Agency projects and program areas, ensuring our commitment to clinical safety and quality was upheld and embedded in our products and services. DHAs participated in an average of 33 engagements each month, ranging from supporting operational activities to developing national healthcare information standards – this was an 83% increase in the monthly engagements compared with 2023–24. Box 3 outlines one of the engagements from 2024–25.

Box 3: The vital contribution of DHAs in informing planning for Australia's future health services

The Agency – in collaboration with several federal, state and territory government agencies, consumers and other key stakeholders in the healthcare sector – is leading an exploratory program of work that will study barriers and opportunities for future health planning. The project will explore the challenges faced by consumers, the health workforce, healthcare providers and organisations and consider how to overcome these barriers.

The Agency's core design project team adopted a clinical governance approach for this work, engaging with 4 DHAs (1 consumer and 3 clinical) early in the project to provide technical and consumer expertise in the design and scope of the project. The DHAs have been involved in several workshops, either as facilitators or commentators, and provided input into the draft recommendations. Figure 12 outlines how clinical governance and DHAs have played a role in the project so far.

We knew it would be critical to take a person-centred approach in the project design to help us understand and refine the problem statements facing future health planning. Including the digital health advisers, from both clinical and consumer perspectives, has been invaluable in achieving this. It also ensures we're embedding clinical governance principles throughout the delivery of the project that will ensure effective end products.

Agency project manager

The project was a privilege to contribute to, alongside people with lived experience and key experts and thought leaders from healthcare, peak bodies and government. The project distilled the complexity and nuance of relevant issues in Australia into a clear blueprint for improvements in future health planning for Australians and their care providers that are digitally enabled where appropriate.

Clinical Digital Health Adviser

Working on this project as a consumer was both edifying and illuminating. Consulting with a wide variety of clinicians, representatives from state and territory health departments and other important stakeholder groups in the health ecosystem ensured that diverse perspectives including legalities and ethical considerations were explored and discussed. I was particularly impressed by how members reflected the impact of all the disparate systems and processes on the consumer. Pulling together these views and prioritising them for recommendations was a Herculean task, which the project team managed efficiently while giving every member of the wider team opportunities for input and ratification every step of the way. For me, this one aspect of healthcare demonstrated how complex and frustratingly disconnected our healthcare system is across Australia. To be involved in such a project provided me with an opportunity to ensure the consumer voice was heard and understood, as well as giving me an insight into how much the consumer experience is now grounded in healthcare.

Consumer Digital Health Adviser

Figure 12: Clinical governance principles in action with DHAs

	<h3>System safety and quality</h3> <p>DHAs co-designed workshops with the Core Design team to extract relevant information from key stakeholders to develop a current state analysis. They also provided clinical and consumer insights to help identify quality improvement areas to support healthcare providers in accessing information at the point of care.</p>
	<h3>Person-centredness</h3> <p>DHAs provided clinical and lived experience expertise to support the project discovery process, ensuring person-centred care is at the heart of the analysis and future recommendations.</p>
	<h3>Partnership</h3> <p>DHAs worked in partnership with various stakeholders at the Agency, several levels of government, and across peak national and state and territory clinical bodies to facilitate discussions and provide expertise on topics.</p>
	<h3>Leading with our people</h3> <p>The Agency design team highly valued the contribution of the DHAs. They became a part of the Core Design team, providing expert detail and experience to support the delivery of high-quality project outputs, which were appreciated by all stakeholders.</p>
	<h3>Evidence-based practice</h3> <p>DHAs played a crucial role alongside the Core Design team in facilitating workshops with key stakeholders. Their role supported evidence collection to help define key problem statements, recommendations and risks.</p>

Other significant DHA engagements include the Sparked program (Sparked) and the 1800MEDICARE app (formerly known as the my health app)

Sparked, led by the Commonwealth Scientific and Industrial Research Organisation (CSIRO) Australian eHealth Research Centre, is a collaborative consortium that brings together government bodies, technology vendors, provider organisations, peak bodies, practitioners and domain experts to accelerate national development and adoption of Fast Healthcare Interoperability Resources® (FHIR®) for health information exchange. Fifteen DHAs are actively involved in the Sparked program: 2 DHAs were appointed as meeting co-chairs, ensuring that clinical and consumer perspectives are embedded in decision-making processes, and additional DHAs are invited to contribute their expertise.

To address the gap in appointment booking and management within the 1800MEDICARE app, the Agency has engaged 10 DHAs in a discovery and collaborative design process. This initiative seeks to confirm the demand for integrated booking features and understand the operational challenges faced by allied health professionals and patients. The DHAs participated in interviews to explore key themes around referral-based appointment management, followed by 2 focus groups. The first focus group examined opportunities and challenges for integrating booking mechanisms while the second group validated design choices and prioritisation strategies. The DHAs' contributions are crucial for ensuring that the app evolves in a way that is clinically sound, user friendly and responsive to stakeholder needs.

Engaging with DHAs

In March 2025, the Agency hosted its first face-to-face workshop with DHAs since 2022. The workshop was a chance to strengthen connection, share lived experiences and clinical insights and discuss the future of digital health. It was attended by more than 45 DHAs with various backgrounds and featured interactive presentations, panel discussions and breakout sessions. Topics included optimising the DHA strategy, digital health literacy, connected care, [Health Connect Australia](#) and partnering with consumers and carers. Attendees engaged enthusiastically and meaningfully with the discussions, and participants emphasised the importance of ongoing collaboration and collaborative design. Feedback provided by DHAs will support clinical safety, quality and positive consumer experience across various Agency initiatives.

Improving the DHA Service

The Agency is committed to continuous improvement in all aspects of our work. In line with this commitment, we are developing a DHA strategy that will enable us to monitor, evaluate and enhance the impact of our DHA Service. The planned evolution of the DHA Service will strengthen clinical governance, amplify the lived-experience perspective, and embed clinical and consumer engagement across all stages of digital health transformation. Empowering DHAs through earlier engagement, improved systems and stronger connection to the Agency will significantly enhance their impact and effectiveness.

Glossary

Term	Definition
Aboriginal Digital Health Impact Statements (ADHIS)	Statements outlining how to evaluate new and revised health policies, programs and strategies to ensure they consider the health needs and interests of Aboriginal and Torres Strait Islander people
Artificial Intelligence (AI)	The capability of computer systems to perform tasks normally requiring human intelligence
Clinical Governance	A system that ensures healthcare services are safe, high-quality and continuously improving. It involves leadership, accountability and a culture of safety.
Clinical Governance Committee (CGC)	An advisory body that ensures that clinical governance is actively observed and is measurable and foundational to the Agency's clinical safety, quality and continuous improvement agenda
Clinical Governance Framework for Digital Health	The framework that outlines the principles and practices for ensuring safety and quality in digital health
Clinical Incident Management Service	A service that manages and investigates incidents when patient safety may have been compromised, ensuring that lessons are learned to prevent future incidents
Clinical Reference Group (CRG)	A group of healthcare professionals and consumers who provide advice on clinical matters to ensure that healthcare services are safe and effective
Clinical Safety Management System	A system that helps identify and manage risks to patient safety in digital health products and services
Clinical Safety Service	A service that applies the Clinical Safety Management System to manage and perform activities that reduce risks to patient safety in digital health products and services
Digital Health Adviser (DHA)	A person who provides expert advice on digital health projects based on their professional (clinical and non-clinical) or lived experience (consumer or carer) to ensure the products are safe and effective



Australian Government

Australian Digital Health Agency