Australian Government
Australian Digital Health Agency

Health Connect

Supplement

Phase One:

Foundations

Australian Digital Health Agency

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Acknowledgement of Country

All partners 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.

Thank you to partners and contributors

Thank you to the partners, organisations, healthcare providers and Australians from all walks of life who contributed to the strategy and broader consultations. We appreciate all who gave their time, experience and expertise to contribute to Australia's digital health transformation journey.

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.

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Contents

Introduction

The Health Connect Australia Program (the Program) continues to progress the national health information exchange; an ecosystem designed to enable fast, secure and consistent sharing of health information across Australia's healthcare system.

As the Program advances through the Foundations phase, further detail on products and services including vision, architecture and design have been finalised. These updates reflect extensive consultation, research, and planning undertaken to ensure Health Connect Australia delivers a fit for purpose, national-scale solution that supports the needs of all Australians.

The Program has now released the Foundations phase supplementary pack, providing additional information on Health Connect Australia Provider Directory (the Provider Directory) and Health Connect Australia National Digital Health Authorisation Service (the Authorisation Service) product strategies, architecture and delivery schedule. In addition, summary information on the outcomes of the Image Access discovery work has been included in this pack. These artefacts combined represent the delivery activities, scope and expected outcomes of the Foundations phase.

Key updates

The Health Connect Australia Provider Directory and Authorisation Service Product Architecture and Roadmap confirms and expands on the design and delivery timeline for two core Foundations phase releases, namely the Provider Directory and Authorisation Service. An update to the third and final Foundations phase release, The National Image Access solution, is also included and will be expanded on later in 2026 as the project develops.

This document strengthens the understanding of stakeholders by clarifying deliverables, proposing timelines and integrating insights from ongoing research and co-design work. This release introduces the below key aspects of the Foundations phase projects to support stakeholder engagement and shared understanding:

Health Connect Australia Provider Directory strategy

Outlines a vision and purpose, problem statements, proposed solution and design for the Provider Directory. This section supports stakeholders in understanding what the Provider Directory aims to deliver and why it is foundational to Health Connect Australia.

Health Connect Australia Provider Directory solution architecture

An expanded architectural view detailing:

- Functional inputs, outputs, and behavioural flows
- System concept and architectural components
- Use of the Fast Healthcare Interoperability Resources (FHIR) repository to support consistent data exchange.

Health Connect Australia National Digital Health Authorisation Service product strategy

Outlines a vision and purpose, strategic direction, and proposed deliverables for the Authorisation Service. This section supports stakeholders in understanding what the Authorisation Service aims to deliver and why it is foundational to Health Connect Australia.

Health Connect Australia National Digital Health Authorisation Service architecture

An expanded architectural view detailing:

- Functional inputs, outputs, and user accessibility
- System concept and architectural components
- Identity access and policy services to govern effective access.

Health Connect Australia product roadmap(s)

A series of roadmaps outlining the timeline of development, initial testing and implementation, release, and enhancement of the associated core functionalities of the above Foundations products.

National Image Access update

An overview of the final Foundations phase release that seeks to deliver a nationally consistent approach to accessing prior diagnostic images. As of early 2026, this project has completed discovery activities and continues to refine the architectural model, operational design, and implementation roadmap for a national approach to accessing diagnostic images.

Annexure: Agreed principles for coexistence of Provider Directory and National Health Services Directory

A tabulated overview of how the Program seeks to collaborate and engage with currently existing national directories, particularly the National Health Services Directory (NHSD), by confirming working principles that reduce consumer confusion and uplift current capability.

These enhancements directly support the overarching strategic goals of the Program and the Australian Digital Health Agency, including improving access to high quality clinical information, enabling consumer-centric healthcare journeys, establishing the digital health infrastructure required for interoperable, national health information exchange and strengthening trust and security in health information management.

The Program acknowledges the significant contributions and expertise of health system partners, peak bodies, jurisdictions, industry experts and the wider digital health community that have shaped this renewed and detailed vision for a national health information exchange.

Health Connect Australia Provider Directory strategy

Summary

Australia's healthcare system currently operates with a fragmented network of (provider and service) directories, each with limited scope, unique policy settings, inconsistent data standards and varied governance models. This absence of a unified, authoritative source for provider identity, professional credentials and healthcare service information is a significant barrier to delivering safe, efficient and connected care.

Providers face the burden of maintaining details across multiple disconnected directories, leading to duplication and data inconsistencies. At the same time, clinicians and healthcare services struggle to reliably discover, validate and connect with the right providers and services. These issues compromise data quality, interoperability, care coordination and security.

A comprehensive provider directory is essential to advancing digital health initiatives that improve patient access and care. The proposed Provider Directory will serve as a trusted foundation for provider data, enabling identity verification, credential validation, and secure authentication to support digital transactions, reduce administrative burden, and enable confident participation in future integrated, consumer-centred care.

As healthcare systems adopt FHIR and other interoperability standards, a connected infrastructure for discovery, validation, and secure data exchange becomes essential. The Provider Directory will provide FHIR endpoints and interoperability mechanisms to ensure seamless communication across the healthcare ecosystem. A robust governance model will guide its evolution in line with emerging standards and health system priorities.

Strategic direction

Healthcare providers struggle to reliably find and connect with each other because Australia lacks a single trusted source of provider and service information. Today, details are scattered across disconnected directories with inconsistent standards, duplication, errors, and wasted effort. This fragmentation undermines care coordination and interoperability.

Establishing a national, authoritative provider directory will enable accurate, comprehensive data as the foundation for secure, trusted connections, unlocking a more connected, efficient, and patient-centred health system.

The Provider Directory seeks to enable trusted connections to empower providers to deliver better care for healthier patients by delivering methods for timely and reliable discovery and use of healthcare provider and services information, empowering safer, more connected, and consumer-centred care across Australia.

The Provider Directory is a national directory that delivers value by offering standardised and trusted provider data that can be used consistently across the health system. Over time, the Provider Directory will expand to incorporate additional data sources and attributes to support a broad range of digital health use cases.

Behavioural archetypes

In February 2025, the Agency ran co-design workshops and a national survey with 690 consumers and 422 healthcare providers (HCPs) to identify their needs and preferences of a national directory.

Research with consumers revealed the need for a comprehensive, accessible, and plain English solution. It was agreed to leverage the existing National Health Services Directory (NHSD) as a consumer-facing channel and tailor the Provider Directory to meet the needs of HCPs. Appendix A outlines the agreed principles on the coexistence of both directories.

Research with HCPs informed behavioural archetypes which describe how a user's context influences how they use the Provider Directory and how they coordinate and communicate with other providers. Behavioural archetypes are useful as they:

- Ensure an evidence-based approach is taken in product design and development
- Inform product and adoption strategies - i.e. where to focus, why, and how

Note that HCPs can move between the archetypes depending on changes to their context; it is not a one-to-one match with professions.

The following behavioural archetypes have been used to explore the current state including pain points, barriers, enablers and the value proposition for the provider directory for each archetype.

- **Behavioural archetype 1:** Digitally connected healthcare providers using their own established systems
- **Behavioural archetype 2:** Healthcare providers using inconsistent digital systems in multiple contexts
- **Behavioural archetype 3:** Administrative staff supporting a single organisation or network of organisations
- **Behavioural archetype 4:** Time poor providers in urgent care contexts
- **Behavioural archetype 5:** Jurisdictions or government-funded organisations that operate large provider directories
- **Behavioural archetype 6:** Organisations that support local and/or distinct consumer and provider communities

Health Connect Australia - Behavioural archetype 1

Digitally connected healthcare providers using their own established systems

Some direct communication/coordination with other providers, however majority of communications are funneled through an administrator or practice manager.

Overview

Healthcare providers (HCPs) of this archetype are well established in the digital health ecosystem. They work in the private sector and are likely to be registered with a peak body. Consumers predominantly engage them for acute or chronic conditions that can be managed outside of inpatient facilities in non-time critical circumstances.

Despite using major clinical systems in their practice, this cohort commonly uses an internet search, word of mouth or their practice's address book to search for HCPs or services. This cohort are unlikely to manage their own directory entries and will delegate to practice managers.

These users see a lot of value in the Provider Directory as long as it is easy to use and has high data accuracy. Research found that General Practitioners (GPs) in this archetype would prefer direct integration with their clinical system while specialists would prefer to access it via a browser/user-friendly interface.

Example users

- GP in private practice
- Specialist in private practice
- Radiologist in private practice

Key pain points

1. Lack of open and comprehensive provider information access
2. Time to locate accurate, current and verified provider information
3. Lack of accurate provider information to support authorisation
4. Lack of interoperability and adoption of national identifiers
5. Duplicated effort and manual processes in updating information

Key needs of the Provider Directory

Where available, order of priority has been included as per survey results

1. Simple and easy to use
2. Accurate, complete and current information for each provider
3. High data and security standards and protection of confidential information
4. Includes details of most healthcare providers

Language inclusion features

Government-operated or endorsed

Accessibility features

Value proposition

1. Central source for health and related services for provider use cases
2. Central source for provider identity, verification and information
3. Build national trust infrastructure for Health Connect Australia ecosystem access and participation
4. Interoperability across the healthcare ecosystem

Essential data attributes

Attributes deemed important by >50% of survey respondents

Organisation attributes

- Practice details (opening hours, contact details, location(s))
- Services, equipment available, tests performed

Individual provider attributes

- Location/s working at
- Contact details
- Specialties or treatments provided
- Health condition(s) treated

Barriers and enablers

Barriers

- Providers are satisfied with their existing manual workflow (such as the usage of fax machines). Changing workflow for a directory is low priority as it is well-established
- Likely to have robust referral pathways and networks, therefore low desire to adopt a new directory or workflow
- May have low digital health maturity or adoption

Enablers

- Synchronise directly with embedded address book in their clinical system to align with workflows
- Target specialists as early adopters. Specialists are more likely to keep their records accurate and engage with the Provider Directory as they rely on inbound referrals.

Health Connect Australia - Behavioural archetype 2

Healthcare providers using inconsistent digital systems in multiple contexts

Direct communication and coordination with other providers and organisations, often within multidisciplinary teams.

Overview

This cohort comprises a large swathe of clinical and non-clinical providers that may wear multiple hats and move between multiple care contexts. They often work in multidisciplinary teams and may coordinate a consumer's care (this includes reporting to primary carer, coordinating with care teams, and reporting for government schemes).

These providers use a variety of systems, processes and touchpoints to complete tasks. When searching for providers/services they use a mix of organisation, government and bespoke directories tailored to their profession. They also ask patients for provider details, rely on word of mouth, or conduct internet searches to fill gaps.

Archetype 2 will benefit greatly from the Provider Directory and are likely to adopt if it is easy to use and has high data security. Given the inconsistent usage of clinical systems, this cohort would prefer to access the Provider Directory via a browser/user-friendly interface.

Example users

- Aged Care workers (clinical)
- Physiotherapist in private practice
- Midwife in private and public practice
- Disaster response providers (clinical and non-clinical)

Key pain points

1. Lack of open and comprehensive provider information access
2. Time to locate accurate, current and verified provider information
3. Lack of accurate provider information to support authorisation
4. Lack of interoperability and adoption of national identifiers
5. Duplicated effort and manual processes in updating information
6. Costs to maintain legacy and tactical solutions

Key needs of the Provider Directory

Where available, order of priority has been included as per survey results

1. High data and security standards and protection of confidential information
2. Accurate, complete and current information for each provider
3. Simple and easy to use
4. Includes details of most healthcare providers
5. Language inclusion features

=6. Government-operated or endorsed

=6. Accessibility features

Value proposition

1. Central source for health and related services for provider use cases
2. Central source for provider identity, verification and information
3. Build national trust infrastructure for Health Connect Australia ecosystem access and participation
4. Interoperability across the healthcare ecosystem
5. Support evolving models of healthcare and digital health innovation

Essential data attributes

Attributes deemed important by >50% of survey respondents

Organisation attributes

- Practice details (opening hours, contact details, location(s))
- Accessibility details (e.g. wheelchair access, sensory spaces)
- Services, equipment available, tests performed

Individual provider attributes

- Location/s working at
- Contact details
- Credentials, qualifications and years of experience
- Professional registrations
- Specialties or treatments provided
- Health condition(s) treated
- Fees (incl. bulk billing, private insurance, Commonwealth supported programs)
- Opening hours
- Availability and wait time to book
- Types of services (e.g. telehealth)

Barriers and enablers

Barriers

- This cohort's details are generally only published in their organisation's directory making it difficult to source their data for inclusion in the Directory
- 36% (708) of respondents aren't using a Clinical Information System (CIS) due to lack of benefit or cost, and there is no single CIS used across Allied Health. This creates significant adoption challenges (AHPA Feb 2025 survey)
- Low digital health adoption, awareness or face barriers to access. Only 38% of 422 HCPs surveyed (2025) use PRODA and a large number of Allied Health providers don't know how to access their Healthcare Provider Identifier - Individual (HPI-I) or register for one (AHPA Feb 2025 survey)

Enablers

- Government- operated/endorsed is a value proposition for this cohort. Consider integration with established directories, such as My Aged Care directory, to encourage adoption
- Leverage training institutions to raise awareness with HCPs without professional registrations
- Healthcare Identifier (HI) reforms coupled with education and awareness is necessary to increase adoption of HPI-Is.

Health Connect Australia - Behavioural archetype 3

Administrative staff supporting a single organisation or network of organisations

Manage large volumes of communications in and out on behalf of healthcare providers and their organisation.

Overview

Regardless of the size of the organisation, organisational administration staff play a pivotal role in managing the day-to-day operations of a healthcare organisation, ensuring compliance with regulations, optimising financial performance, and fostering a patient-centered and efficient work environment. There are many moving parts and lots of processes to manage across multiple systems and touchpoints (including the clinical system, government portals, administration systems, and currently, fax machines).

This cohort are time poor and predominantly search for providers using an internet search and their organisation's directory. Ease of use and the ability to contact providers directly from the Provider Directory are key priorities for these users. They seek a seamless solution that will help them efficiently complete their jobs and improve coordination.

Example users

- Medical admin staff (public and private)
- Practice manager

Key pain points

1. Lack of open and comprehensive provider information access
2. Time to locate accurate, current and verified provider information
3. Lack of accurate provider information to support authorisation
4. Lack of interoperability and adoption of national identifiers
5. Duplicated effort and manual processes in updating information

Key needs of the Provider Directory

Where available, order of priority has been included as per survey results

1. Simple and easy to use
2. Includes details of most healthcare providers
3. Accurate, complete and current information for each provider
4. High data and security standards and protection of confidential information

Language inclusion features

Government-operated or endorsed

Accessibility features

Value proposition

1. Central source for health and related services for provider use cases
2. Central source for provider identity, verification and information
3. Build national trust infrastructure for Health Connect Australia ecosystem access and participation
4. Interoperability across the healthcare ecosystem
5. Streamlining and operational efficiency

Essential data attributes

Attributes deemed important by >50% of survey respondents

Organisation attributes

- Practice details (opening hours, contact details, location(s))

Individual provider attributes

- Location/s working at
- Contact details
- Specialties or treatments provided
- Health condition(s) treated
- Opening hours

Barriers and enablers

Barriers

- This cohort are time poor thus may be difficult to change current behaviour and learn new systems or workflows
- Likely to have low digital health adoption or are constrained by systems and processes determined by other providers

Enablers

- Demonstrate time saving and workflow integration to improve adoption. For example, automate data consolidation from existing sources, consolidate touchpoints, ensure data/record management experience is quick and intuitive.

Health Connect Australia - Behavioural Archetype 4

Time poor providers in urgent care contexts

Limited direct communication with providers in urgent, time-bound scenarios. Majority of communications are funneled through a nurse and are one-way.

Overview

HCPs in urgent care contexts are time poor and more likely to communicate with providers over the phone. They will ask consumers for their primary carer's details and validate the details through an internet search or in their local address book.

Archetype 4 are unlikely to see consumers ongoing, therefore their communication behaviour is typically outbound (for example, a discharge summary or letter provided to the primary carer). As these HCPs do not expect return communication, there is a higher likelihood of fax and hardcopy documents to ensure consumer's have their own record.

Inbound communications to this cohort normally come through the public hospital switchboard therefore these HCPs are dependent on the organisation administrators to maintain their data attributes and nurses to coordinate and liaise on their behalf. Likelihood of Archetype 4 to adopt is low given that they may not directly manage their directory data and prefer quick, internet searches.

Example users

- Emergency physician in public or private hospital
- Emergency physician in nursing home
- Locum emergency physician

Key pain points

1. Lack of open and comprehensive provider information access
2. Time to locate accurate, current and verified provider information

Key needs of the Provider Directory

Where available, order of priority has been included as per survey results

1. Simple and easy to use
2. Includes details of most healthcare providers
3. Accurate, complete and current information for each provider
4. High data and security standards and protection of confidential information

Language inclusion features

Government-operated or endorsed

Accessibility features

Value proposition

1. Central source for health and related services for provider use cases

Essential data attributes

Limited survey responses from this cohort. To be validated through further research

Organisation attributes

Healthcare organisation attributes are less significant to this cohort. Their usage of directories is generally to contact primary carers directly for urgent information about a consumer or to refer to a specialist or hospital service. It is assumed this follows established hospital transfer processes.

Individual provider attributes

- Contact details
- Specialties or treatments provided
- Opening hours
- Fees (incl. bulk billing, private insurance, Commonwealth supported programs)

Barriers and enablers

Barriers

- This cohort are time poor thus may be difficult to change current behaviour and learn new systems or workflows
- Likely to have low digital health adoption
- Users are constrained by systems and processes determined by their facility

Enablers

- Design for end-to-end workflows to enable a user to quickly identify a consumer's primary carer and contact them within the Provider Directory. Integration with MyMedicare is one such enabler.

Health Connect Australia - Behavioural archetype 5

Jurisdictions or government-funded organisations that operate large provider directories

Aggregate and standardise data from many sources, and distribute or make available via various channels that can be accessed by organisations, individual healthcare providers, or consumers.

Overview

Jurisdictions or government-funded organisations (such as Healthdirect) seek to provide consumers and/or HCPs access to a comprehensive database of healthcare organisations, services and providers. Access to this data is provided either directly as directory operators or indirectly through data feeds.

These organisations want to aggregate large datasets from across the health sector to provide complete, accurate and up-to-date information in a standardised way. As jurisdictions are also responsible for health service delivery, their priority is that the Provider Directory enables HCPs' workflows by aligning to local clinical contexts, models of care, and clinical traceability. However, this is made difficult by the many data models, naming conventions, and data concepts are used across the ecosystem.

Due to the large populations these organisations serve, a national directory must consider the many implementation contexts with differing levels of technical and clinical need.

Example users

- Healthdirect
- States and territories

Key pain points

1. Time to locate accurate, current and verified provider information
2. Lack of accurate provider information to support authorisation
3. Lack of interoperability and adoption of national identifiers
4. Duplicated effort and manual processes in updating information
5. Costs to maintain legacy and tactical solutions

Key needs of the Provider Directory

Order of priority has not been included as this cohort did not partake in the survey

High data and security standards and protection of confidential information
Accurate, complete and current information for each provider
Simple and easy to use
Includes details of most healthcare providers
Language inclusion features
Government- operated or endorsed
Accessibility features

Value proposition

1. Central source for health and related services for provider use cases
2. Central source for provider identity, verification and information
3. Build national trust infrastructure for Health Connect Australia ecosystem access and participation
4. Interoperability across the healthcare ecosystem
5. Streamlining and operational efficiency
6. Support evolving models of healthcare and digital health innovation

Essential data attributes

Insights gained through consultation

Organisation attributes

- Geolocation
- Linkage between organisation, service and provider
- Healthcare Provider Identifier - Organisation (HPI-O)
- Technical data for information exchange
- ABN
- Alias (place name)

Individual provider attributes

- Geolocation
- Linkage between organisation, service and provider
- Medicare number
- Prescriber number
- Service availability
- HPI-I
- Ahpra registration
- Alias (individual name)
- Alias (place name)

Barriers and enablers

Barriers

- Jurisdictions have limited capacity, local priorities and complex contexts which may hinder large scale technological change and adoption
- Differing levels of digital maturity and numerous legacy systems will require multiple technical approaches to support adoption
- Data models, authorisations and data concepts differ across jurisdictions which adds complexity for data modelling and national directory alignment

Enablers

- Engage early with commercial software providers to ensure transition of jurisdiction systems is timely and feasible.

Health Connect Australia - Behavioural archetype 6

Organisations that support local and/or distinct consumer and provider communities

Advocate on behalf of, and coordinate with, distributed networks of stakeholders to promote inclusivity and accessibility.

Overview

This organisational archetype takes a holistic approach to the care and wellbeing of consumers within a particular social, cultural, geographical, or condition-specific community. These organisations advocate on behalf of their community, coordinating and collaborating with key stakeholders to improve accessibility to key services. The needs of their community are vast and the scope of care is beyond healthcare, therefore they require a directory that includes details of edge providers, social sector providers, and those that support complex care arrangements. These providers may not have or be eligible for a healthcare identifier.

This cohort expects the Provider Directory to enhance accessibility to the healthcare system by making more providers and services visible to the community. Additionally, there is added value of the Provider Directory as an analytical tool to interpret community health needs and identify service gaps, and as a communication tool with local providers during natural disasters or other events.

Example users

- Aboriginal Community Controlled Health Organisations (ACCHOs)
- Primary Health Networks
- National Disability Insurance Agency (NDIA) and National Disability Insurance Scheme (NDIS) support organisations
- My Aged Care and aged care facilities
- Social care and support organisations

Key pain points

1. Lack of open and comprehensive provider information access
2. Duplicated effort and manual processes in updating information
3. Costs to maintain legacy and tactical solutions

Key needs of the Provider Directory

Order of priority has not been included as this cohort did not partake in the survey

- High data and security standards and protection of confidential information
- Accurate, complete and current information for each provider
- Simple and easy to use
- Includes details of most healthcare providers
- Language inclusion features
- Government-operated or endorsed
- Accessibility features

Value proposition

1. Central source for health and related services for provider use cases
2. Support evolving models of healthcare and digital health innovation

Essential data attributes

Insights gained through consultation

Organisation attributes

- Contact details
- Transport options to get to the service

Individual provider attributes

- Referral pathway
- Availability and wait time to book
- Fees (incl. bulk billing, private insurance, Commonwealth supported programs)
- Service eligibility criteria
- Specialties or treatments provided
- Communities cared for (e.g. CALD; LGBTQIA+; Aboriginal & Torres Strait Islander people; neurodivergent community)

Barriers and enablers

Barriers

- Some of the stakeholders these organisations support or want to communicate with may not have HIs or are not eligible for HIs. This may reduce the value of the Provider Directory for this cohort
- Difficult to source the desired data attributes for this cohort from a reputable source of truth

Enablers

- Integration between the Provider Directory and NHSD may resolve the gap of additional data attributes
- HI reforms will make it easier for non-Ahpra registered providers, healthcare support organisations and their services to receive healthcare identifiers and participate in Health Connect Australia.

Product characteristics

Interoperable

Aligning to standards to enable seamless information exchange.

Authoritative & trusted

Using trustworthy sources, validating healthcare service, provider information and relationships.

Enables privacy, security & consent

Securing access, aligned to Australian privacy and cyber regulations and standards.

User centered

Incorporating usable design, integration into clinical workflows and feedback driven improvement.

Extensible

Enabling future regulatory, policy or service model changes to be accommodated.

Highly available & performant

Utilising appropriate infrastructure to support time critical access.

Enables data stewardship

Supporting provider self-service with workflow and governance tools to maintain accuracy.

Aligned with other national infrastructure

Leveraging and complementing national assets (NHSD, PCA, etc.) to maximise investment.

Enables data quality & lifecycle management

Utilising policies, rules and processes to ensure data quality.

Future state

Health Connect Australia & health interoperability patterns

A series of patterns have been developed that provide a consistent and re-usable technology approach to support the key initial shared health information exchange uses that will be facilitated in the Health Connect ecosystem. These patterns may complement each other to both support specific use cases and then further allow this information to be viewed as part of a consumer's longitudinal record.

P1

Discovered information exchange

This pattern facilitates the finding of, and access to, shared health information instigated by the person or organisation intending to view or use the information.

P2

Directed information exchange

This pattern facilitates the sharing of health information for a predetermined recipient of the information along with an expectation that the recipient will perform some action based on the information received.

P3

Consumer mediated exchange

This pattern facilitates the sharing of information whereby the consumer plays a proactive role in the movement of this information. This may be choosing the recipient of the information (and the coupled expectation that the recipient will perform some action based on the information received) or may be a confirmation of a pre-chosen recipient.

P4

Lifecycle management

This pattern facilitates lifecycle management including lifecycle status of the information. Differing lifecycle status may impact who can access the information and what they can do with it.

P5

Information publish

This pattern enables making information available to be discovered where there is no immediate use for the shared information, but there may be a value in having the information shared in the future.

Legend

- Consumer
- Organisation Maintenance Officer (OMO)/Practice manager
- General Practitioner (GP)
- Allied Health Professional (AHP)
- Steps directly impacted by the Provider Directory
- **HCP** Healthcare Provider
- **HPD** Healthcare Provider Directory
- CIS — Clinical Information Systems (including EMR, PAS etc)
- PCA — Provider Connect Australia (PCA)
- NHSD — National Health Service Directory
- Directory — the Provider Directory
- X — Exists outside the operational flow

STAGE	Trigger	Health Connect Australia Provider Directory registration and record management	Manages preferences and delegation
NARRATIVE	A registered OMO/ Practice manager receives communication regarding upcoming changes to HPD. They also learn about the Provider Directory and the benefits to their organisation like access to health information exchange. A registered dietitian receives communication and instructions to participate in the the Provider Directory. They learn about the benefits they will be able to receive, from participating, like searching for other providers, direct sharing of health information, etc.	The OMO completes the registration process in PCA. They notice that most information is already pre-filled and is accurate, however a few data elements need to be updated. The system enables them to seamlessly make these updates to ensure data is up-to-date. The Dietitian registers with the HI Service to receive an HPI-I which automatically include their HI service data into the Provider Directory. The Dietitian is able to access the Directory though their Clinical Information System. The OMO is now able to link the Dietitian to the organisation. The Provider Directory maintains accurate, up-to-date information on providers and organisations, simplifying the process of finding the right healthcare services.	The Dietitian and OMO want to share a limited set of information with consumers, while making a broader range available to other healthcare professionals to support discovery and referrals. The Dietitian who is time poor can delegate the task of updating and maintaining their professional information to the OMO, allowing them to focus more on patient care. GPs have an HPI-I which automatically includes their HI service data into the Provider Directory.

ACTIONS

CONSUMER

OMO/ PRACTICE MANAGER

- Receives messaging from both Services Australia and the Agency about the upcoming changes to HPD.
- 1 PCA — View and manage their own directory information via PCA.
- PCA — Updates their organisation's record in the Provider Directory and links the dietitian to the organisation.
- PCA — Manage what optional attributes are shared with other healthcare providers and consumers.
- PCA — Manages the information on behalf of the healthcare provider who have delegated to them.

DIETITIAN

- Receives messaging and instructions to participate in the Provider Directory.
- 2 — Registers with HI service to receive HPI-I which automatically includes their HI service data in the Provider Directory.
- 3 PCA — Updates their individual the Provider Directory record and reconciles any data mismatch.
- PCA — Manages their preference regarding what optional attributes are shared with healthcare providers or consumers.
- PCA — Delegates the task of updating and managing their information in the Provider Directory to their Practice Manager.

GP

- PCA — GP has an existing record in the Provider Directory and delegates their OMO to manage the data on their behalf.

PHLEBOTOMIST

STAGE

Allied health care

General practice care

NARRATIVE

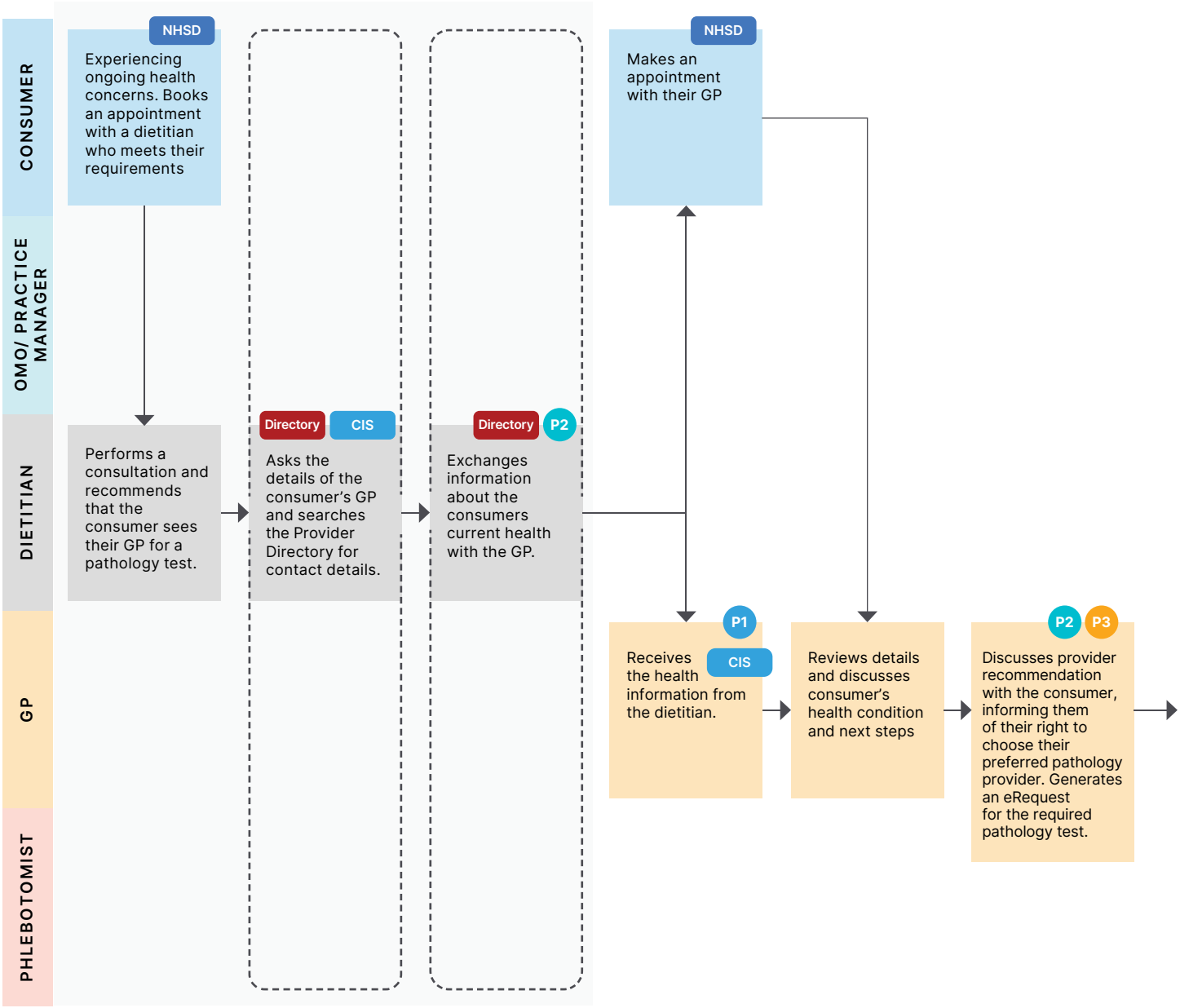
The consumer had been facing ongoing health challenges and decided it was time to seek professional guidance. Wanting to find a Dietitian nearby who was accepting new patients and available over the Christmas holidays, they search the NHSD for a provider whose fees are reasonable for the services they need. When they find the right fit, they book their first appointment.

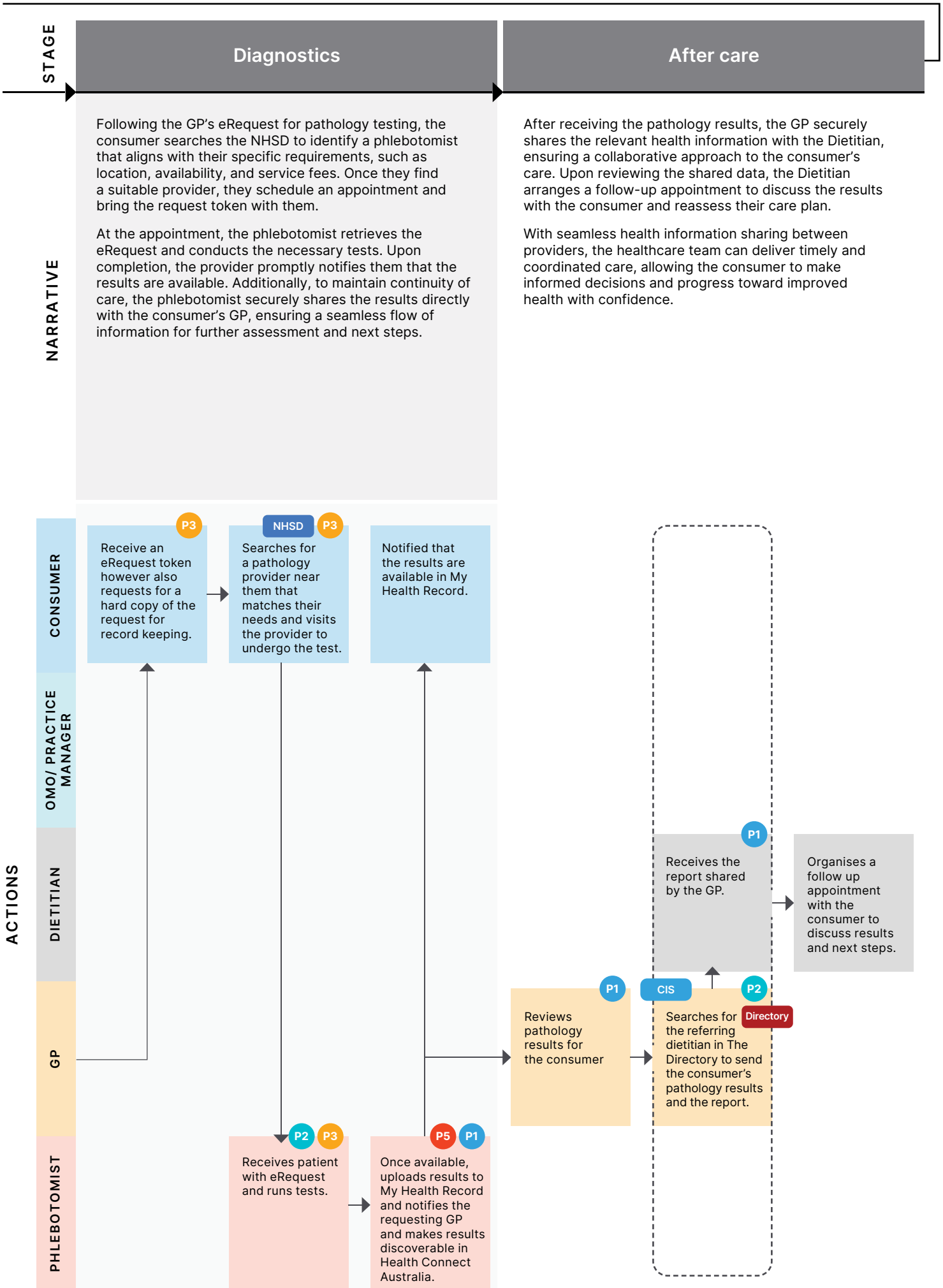
At the initial consultation, the Dietitian takes the time to understand the consumer's concerns, reviewing their diet and overall health. After assessing the situation, they identify a few areas that required further investigation. To ensure a more accurate diagnosis, the Dietitian recommends that the consumer visit their regular GP for a pathology test.

To streamline communication, the Dietitian asks for the details of the consumer's GP and quickly retrieves the necessary contact information from the Provider Directory. This allows them to securely exchange relevant health data, ensuring coordinated care between both professionals. With this collaborative approach, the consumer feels more confident in taking the next steps toward better health.

Following the Dietitian's recommendation for further investigation, the consumer schedules an appointment with their regular GP. Having already received the shared health information from the Dietitian, the GP reviews the details and discusses the next steps with the consumer. To facilitate the recommended pathology test, the GP inquires about any preferences they have for a phlebotomist before generating an eRequest, ensuring continuity of care and a streamlined process.

ACTIONS




STAGE
Diagnostics
After care
NARRATIVE
Following the GP's eRequest for pathology testing, the consumer searches the NHSD to identify a phlebotomist that aligns with their specific requirements, such as location, availability, and service fees. Once they find a suitable provider, they schedule an appointment and bring the request token with them.
At the appointment, the phlebotomist retrieves the eRequest and conducts the necessary tests. Upon completion, the provider promptly notifies them that the results are available. Additionally, to maintain continuity of care, the phlebotomist securely shares the results directly with the consumer's GP, ensuring a seamless flow of information for further assessment and next steps.
After receiving the pathology results, the GP securely shares the relevant health information with the Dietitian, ensuring a collaborative approach to the consumer's care. Upon reviewing the shared data, the Dietitian arranges a follow-up appointment to discuss the results with the consumer and reassess their care plan.
With seamless health information sharing between providers, the healthcare team can deliver timely and coordinated care, allowing the consumer to make informed decisions and progress toward improved health with confidence.
ACTIONS
CONSUMER
OMO/ PRACTICE MANAGER
DIETITIAN
GP
PHLEBOTOMIST
P3
Receive an eRequest token however also requests for a hard copy of the request for record keeping.
NHSD
P3
Searches for a pathology provider near them that matches their needs and visits the provider to undergo the test.
Notified that the results are available in My Health Record.
P1
Receives the report shared by the GP.
Organises a follow up appointment with the consumer to discuss results and next steps.
P1
Reviews pathology results for the consumer
CIS
P2
Directory
Searches for the referring dietitian in The Directory to send the consumer's pathology results and the report.
P2
P3
Receives patient with eRequest and runs tests.
P5
P1
Once available, uploads results to My Health Record and notifies the requesting GP and makes results discoverable in Health Connect Australia.

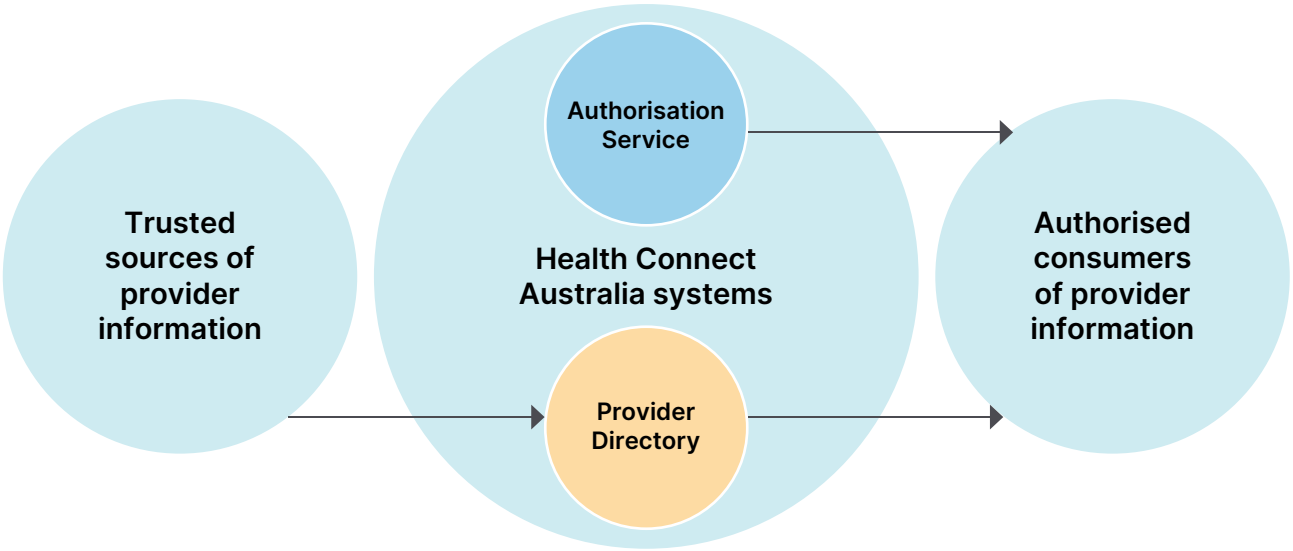
Key product risks and assumptions

Dimension	Risk	Underlying Assumptions
Value risk Does it solve the right problem?	**Adoption by practitioners:** Low usage if not part of clinical workflow **Insufficient data coverage:** Too few providers/specialties at launch	Clinicians will adopt if part of their clinical workflows Directory will have enough data at launch to be clinically useful
Viability risk Does it make business sense?	**Sustainability:** No long-term funding/resources	Funding/resources will be secured for long-term business as usual
Usability risk Can users figure it out?	**Usability:** Poor search experience or / Smart on FHIR UX design reduces uptake **Fragmentation:** Competing directories confuse users	Practitioners will find the Provider Directory easy to search and navigate Practitioners will see this as the national trusted source for practitioners integrated into their clinical workflows, not just another competing directory
Feasibility risk Can we build/ maintain it?	**Data maintenance:** Provider records quickly go stale **Integration challenges:** Difficulty connecting with Clinical Information Systems	Practitioners will keep their data up to date because of its nationwide reach to practitioners, reflects verified qualifications, improves discoverability, supports accurate referrals, and contributes to safer, more coordinated patient care The Provider Directory can be integrated into Clinical Information Systems without major resistance
Governance/ Compliance risk Does it meet rules/ standards?	**Regulatory/privacy:** Non-compliance with healthcare laws	Compliance and privacy requirements can be designed into the product
Reputation risk Could it damage trust?	**Trust deficit / Credibility loss:** Inaccurate data undermines confidence **Equity/access:** Missing rural/ small providers creates bias	Practitioners will trust the Provider Directory to be accurate and current The Provider Directory will represent all providers, including rural and smaller providers

Health Connect Australia Provider Directory solution architecture

The Health Connect Australia Provider Directory (the Provider Directory) is a system that draws from a variety of source systems to assemble trustworthy information about healthcare providers and their services so that it can be consumed by authorised client systems using standardised representations and queries.

Health Connect Australia Provider Directory conceptual architecture



Trusted sources of information

Trusted sources might provide any information if it can be represented in the Provider Directory's provider model (reference).

To share the information through the Provider Directory, trusted sources might be:

- Uploading – information is sent to, or retrieved by, the Provider Directory, which then stores it in its repository.
- Federated – the Provider Directory searches for and retrieves information from the source in real-time in response to queries from authorised consumer systems.

Authorised consumers of information

Consuming systems might be:

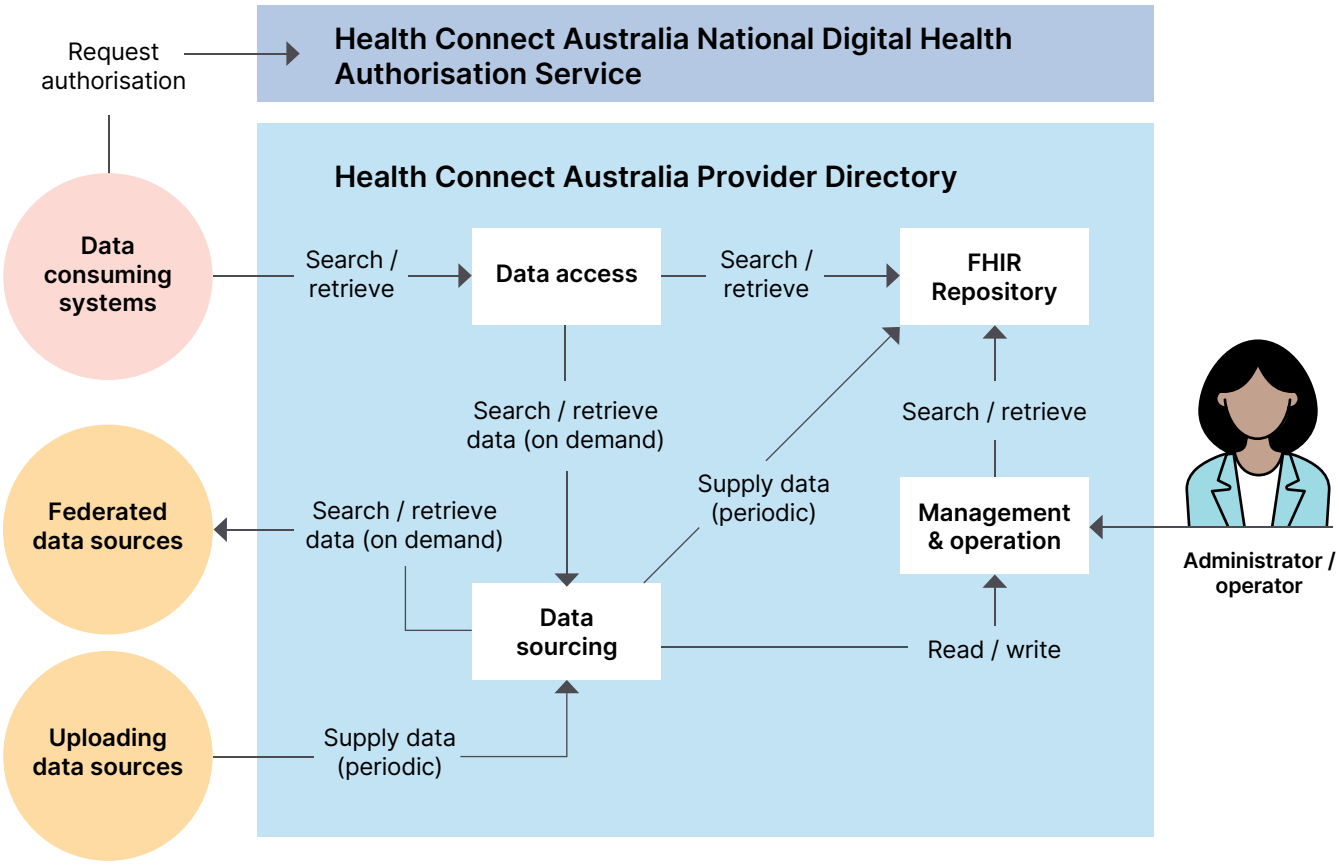
- Clinical Information Systems – utilising provider information within clinical workflows.
- Local directory solutions – combining provider information with other information to support local information exchange and workflows.
- Administrative systems – using provider information within administrative processes, such as staff on-boarding.
- Viewers – providing the Provider Directory search and view functions to users.

Consuming systems search and retrieve provider information using the Provider Directory's FHIR APIs, after first obtaining authorisation from the Health Connect Australia Authorisation Service.

System architecture

The Provider Directory system is composed of components, each having discrete responsibilities and working together to deliver the system's capabilities.

Health Connect Australia Provider Directory system architecture



Data access

Exposes the Provider Directory functions as FHIR APIs, allowing data consuming systems to search for and retrieve provider information. Authorises access based upon the access token received. Performs queries to retrieve data from the FHIR repository and, where appropriate, makes requests to the data sourcing component to search and retrieve additional information from federated sources, then combining the results to the requesting system. Longer running processes for bulk extract requests are also supported.

FHIR repository

Exposes interfaces to store, search and retrieve FHIR resources, managing the data internally in an optimised database model. The repository's FHIR interfaces are used by other the Provider Directory system components and are not exposed directly to the consuming systems.

Data sourcing

This component manages the sourcing of data from both federated and uploading sources. Data retrieval for uploading may be scheduled or triggered by a notification from the source system, or data may be sent by the source system. Integration with source systems may utilise standard interfaces and formats, but data may be transformed from other interfaces and formats into the Provider Directory's FHIR format.

Inbound data is validated, with data and processing exceptions being passed to the Management component for subsequent handling.

Data from uploading sources is persisted in the FHIR repository.

Management and operation

This component provides capabilities to handle exceptions and investigations, including error queues and logs as well as a management portal allowing Agency administrative to investigate and resolve issues.

Health Connect Australia National Digital Health Authorisation Service product strategy

Summary

The Authorisation Service will support the secure access of information in the digital health sector, by:

- enabling authorised access to health information repositories and other digital health systems that operate under national access policies, ensuring consistent and secure access management.
- providing authorised access to systems managed by the Australian Digital Health Agency (the Agency), supporting interoperability and trust.

Strategic direction

The Authorisation Service seeks to address the following noted issues within the Australian health system:

- Digital health programs implement different authentication solutions, increasing the administration burden required for healthcare providers and consumers when needing to register to and maintain several authentication credentials.
- Numerous digital health services rely on different and siloed authorisation models, creating inconsistency and complexity across the ecosystem.
- Siloed projects and products have resulted in duplicated infrastructure for authorisation, increasing costs.
- Whilst suitable standards and tools for authentication and authorisation are widely adopted, interoperability remains limited due to narrowly defined implementation boundaries
- Existing approaches are project-centric, lacking a unified strategy to support modernisation and emerging digital health initiatives.
- With ongoing modernisation and new initiatives, there is a timely need to transition from fragmented, project-based solutions to a holistic, consistent authorisation strategy that spans multiple digital health services.

The vision of the Authorisation Service is to act as a key enabler for the Agency in delivering the strategic objectives outlined in:

- The National Healthcare Interoperability Plan
- The National Digital Health Strategy

By establishing a unified, standards-based approach to authorisation, the service will strengthen interoperability, security, and user confidence in digital health systems.

The Authorisation Service will progress in a strategic direction to:

- Enable authorisation for key national programs

  Support the authorisation requirements of upcoming national health information programs, including Health Connect Australia and My Health Record on FHIR, ensuring seamless and secure access to health information.

- Reduce administrative burden

  Provide a more consistent approach for consumers and providers that are requesting access to health information, reducing the complexity required with managing multiple authentication credentials and authorisation approaches.

- Support emerging authorisation frameworks

  Support future requirements from the Authorisation Framework led by DHDA that may change the access model to health information to existing national health infrastructure.

- Ensure compatibility with industry authentication solutions

  Supporting the authentication solutions that are standard in the digital health sector, including NASH PKI certificates and the increasing uptake of the Australian Government Digital Identity System to ensure security, continuity and trust.

Health Connect Australia National Digital Health Authorisation Service architecture

The Authorisation Service is a collection of capabilities and services, facilitating the use of modern and standards-based authorisation and access control mechanisms, so enabling the secure exchange of health information between digital health systems.

It broadly works in two key areas:

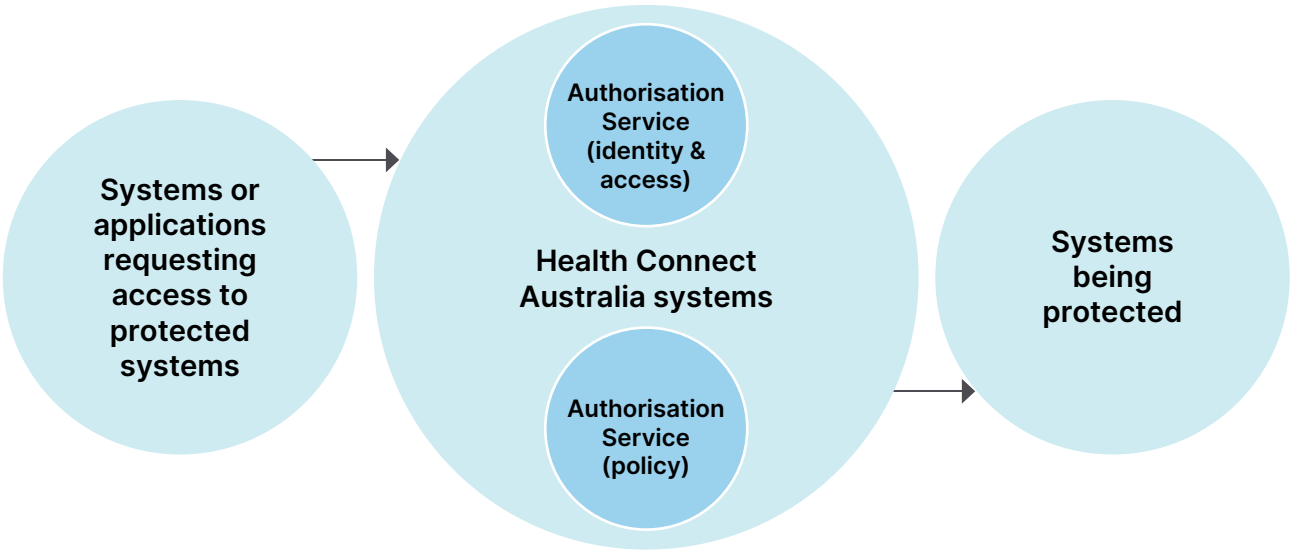
Identity and access services – enabling client systems to request permission to access target systems. Those requests are assessed against policies, and the resulting access rights encapsulated in a token that the target systems can understand and trust.

Policy services – enabling the development and management of access policies, and their distribution and deployment to the systems in which they are enforced. Typically, coarse-grained policies will be distributed to and enforced by the identity and access services, whilst more fine-grained policies will be distributed to and enforced by components closer to the systems being protected.

To fully benefit from the Authorisation Service, the protected systems need to have capability to accept and understand the token issued by the identity and access services, and to enforce the policies provided by the policy service.

System concept

Health Connect Australia National Digital Health Authorisation Service conceptual architecture



Systems or applications requesting access

These are systems and applications that send or retrieve health information with other systems in the digital health landscape, typically by calling APIs. These interactions have a scope and purpose (for example, may for specific clinical information about a given patient, or perhaps general information about healthcare providers) and on behalf of a healthcare provider organisation or individual.

Systems being protected

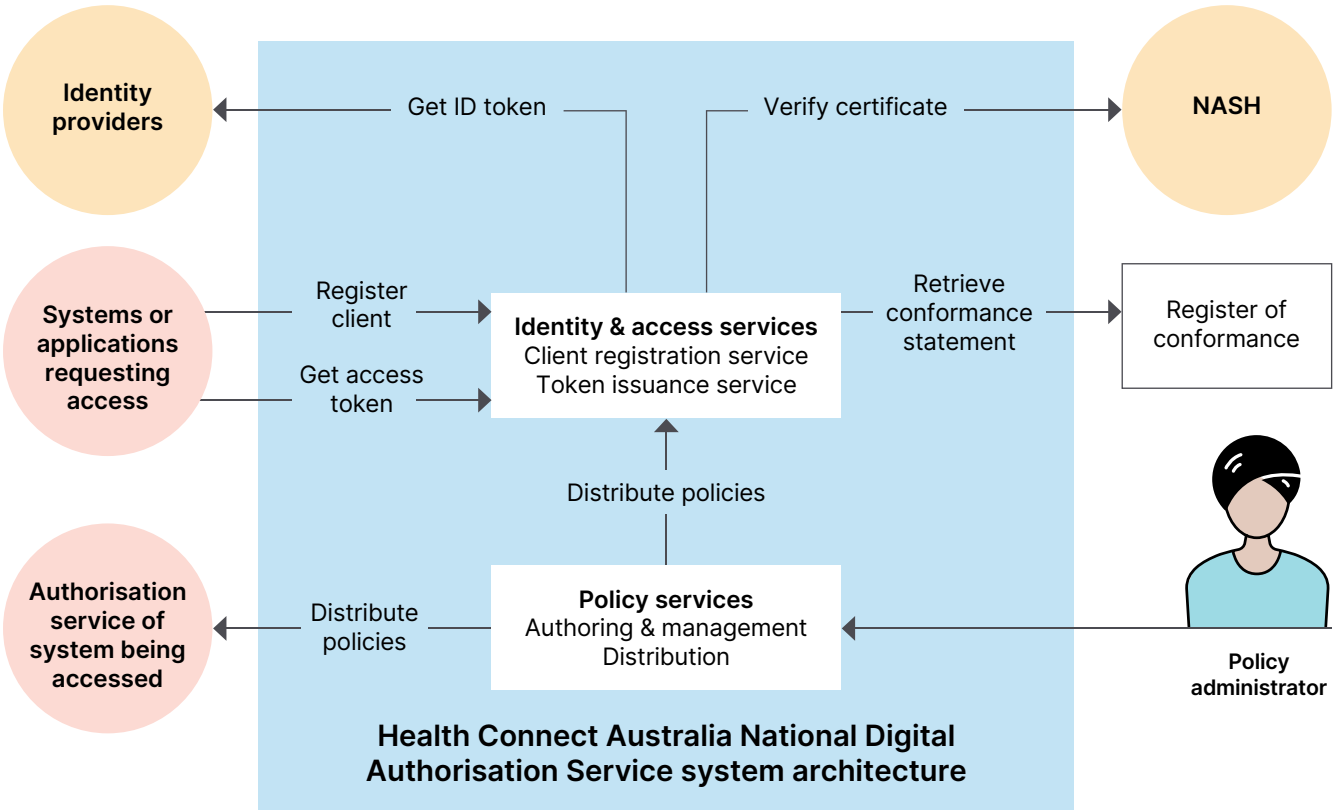
These are systems that manage health information and related functions which can be called by other systems and applications, typically by APIs. Access is subject to rules about what can be accessed or used, and how, when and to whom access can be provided.

System architecture

The Authorisation Service system supports OAUTH and OpenID standards enabling standardised access.

It is composed of components, each having discrete responsibilities contributing to the system's capabilities.

Health Connect Australia National Digital Authorisation Service system architecture



Identity and access services

There are numerous interactions defined by the standards, and the steps and their sequences occur in different ways in different circumstances. At a high level, the identity and access services performs the following functions:

- **Authentication** – the identity of the client is verified.

  Where the client is authenticating as a system operated by an organisation (by use of a National Authenticator Service for Health (NASH) certificate), the service validates the certificate with the NASH service.

  Where the client is authenticating on behalf of its user (who may have logged on with PRODA, myID or MyGov) the service requests an ID token from the ID provider.

- **Registration** – client systems register with the service (either at runtime or manually in advance) to confirm that the client system software is permitted to request tokens.

  The service retrieves information from the Register of Conformance and verifies that the client software has been registered as conformant for the scope of the request that the client system is making, and provides it with a client ID to use in subsequent requests.

- **Policy evaluation** – the client system's request is assessed against relevant rules

  The service assesses the client's request, in conjunction with the outcomes of authentication and registration steps, against configured rules and decides if the access is permitted or not.

- **Token issuance** – a token is issued that articulates the request that the client system is permitted to make to the target system.

  The service generates the token in accordance with the outcome of the policy evaluation and returns it to the client system. The client system can subsequently provide this token in its request to the target system as proof that it is permitted to make the request.

Policy services

The policy services will not be implemented in Release 1, and its architecture is not yet defined in as much detail as the identity and access services. At a high level, it will perform the following functions:

- **Policy authoring** – supporting the development and maintenance of policies in the form of sets of rules written in codified language and notations that can be understood and processed by policy evaluation systems.
- **Policy management** – storing and protecting master versions of policies, supporting versioning and lifecycle management.
- **Policy distribution** – securely distributing new and changed policies to policy evaluation services.

Policy evaluation itself is implemented elsewhere.

Release 1 implementation

Release 1 will provide identity and access services. Policy services will not be delivered in this release.

The release 1 solution will provide client registration and token issuance services for access to the Provider Directory and to the new My Health Record FHIR API interface.

Only system clients are supported, and systems will need to have a NASH certificate with a valid HPI-O.

The Authorisation Service system is implemented on the Agency's Health API Gateway infrastructure. The identity and access services will be implemented using KeyCloak software.

Policies for client registration and token issuance will be configured in the KeyCloak software.

Fine-grained authorisation performed by the Directory system and the My Health Record system will implement using local policy solutions.

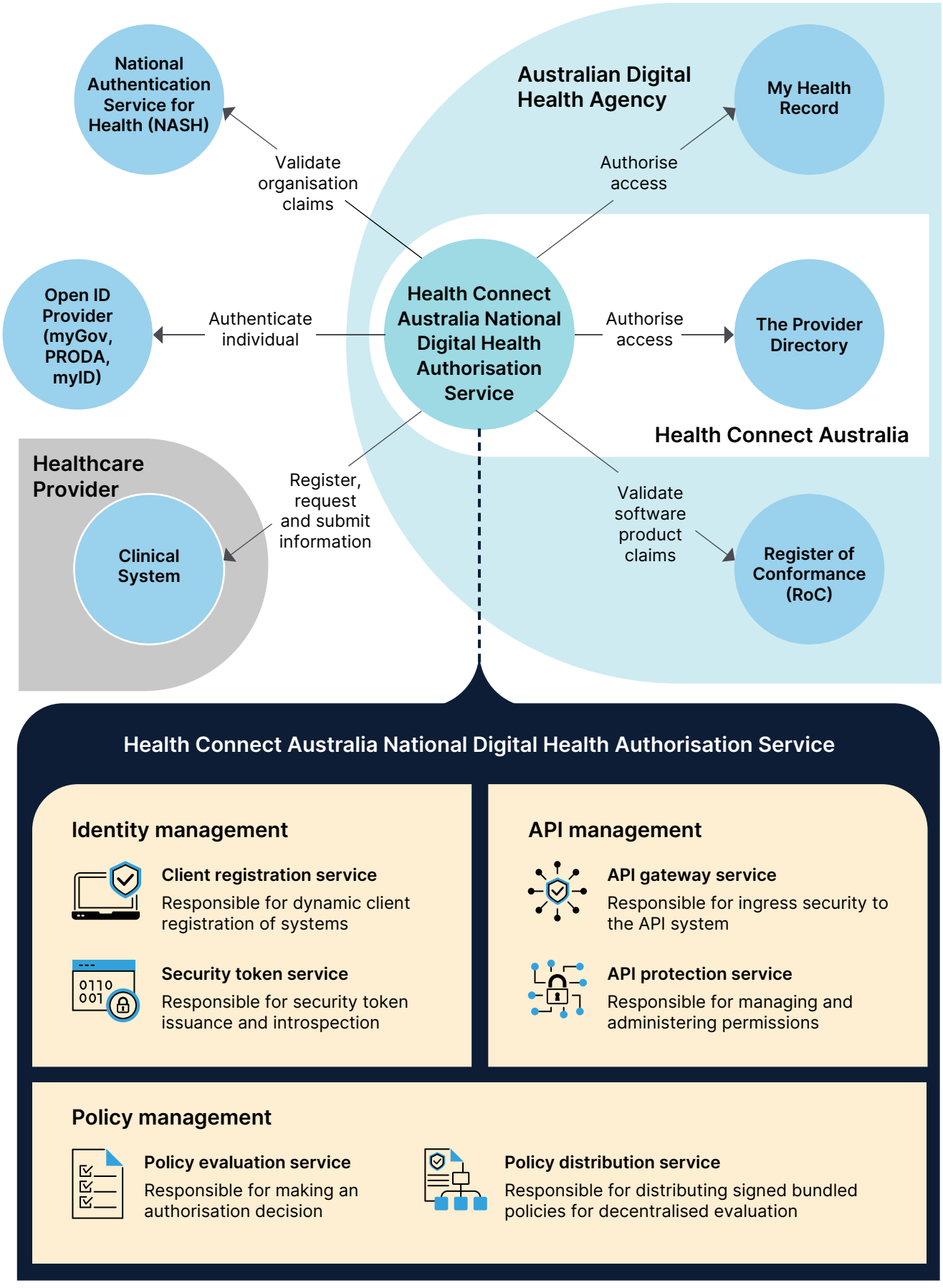
The Register of Conformance is a minimal implementation with software statements for conformant software being manually administered and made available via a simple API to the Authorisation Service.

Interaction with the Health Connect Australia Provider Directory

The Provider Directory is a national directory of healthcare providers, practitioners, and services, and forms one of the primary downstream systems relying on the Authorisation Service. Given the Provider Directory's role as an authoritative source of organisational and provider-level attributes, the Authorisation Service must integrate with the Provider Directory in a way that preserves data accuracy, supports consistent evaluation of access policies, and ensures high performance at national scale.

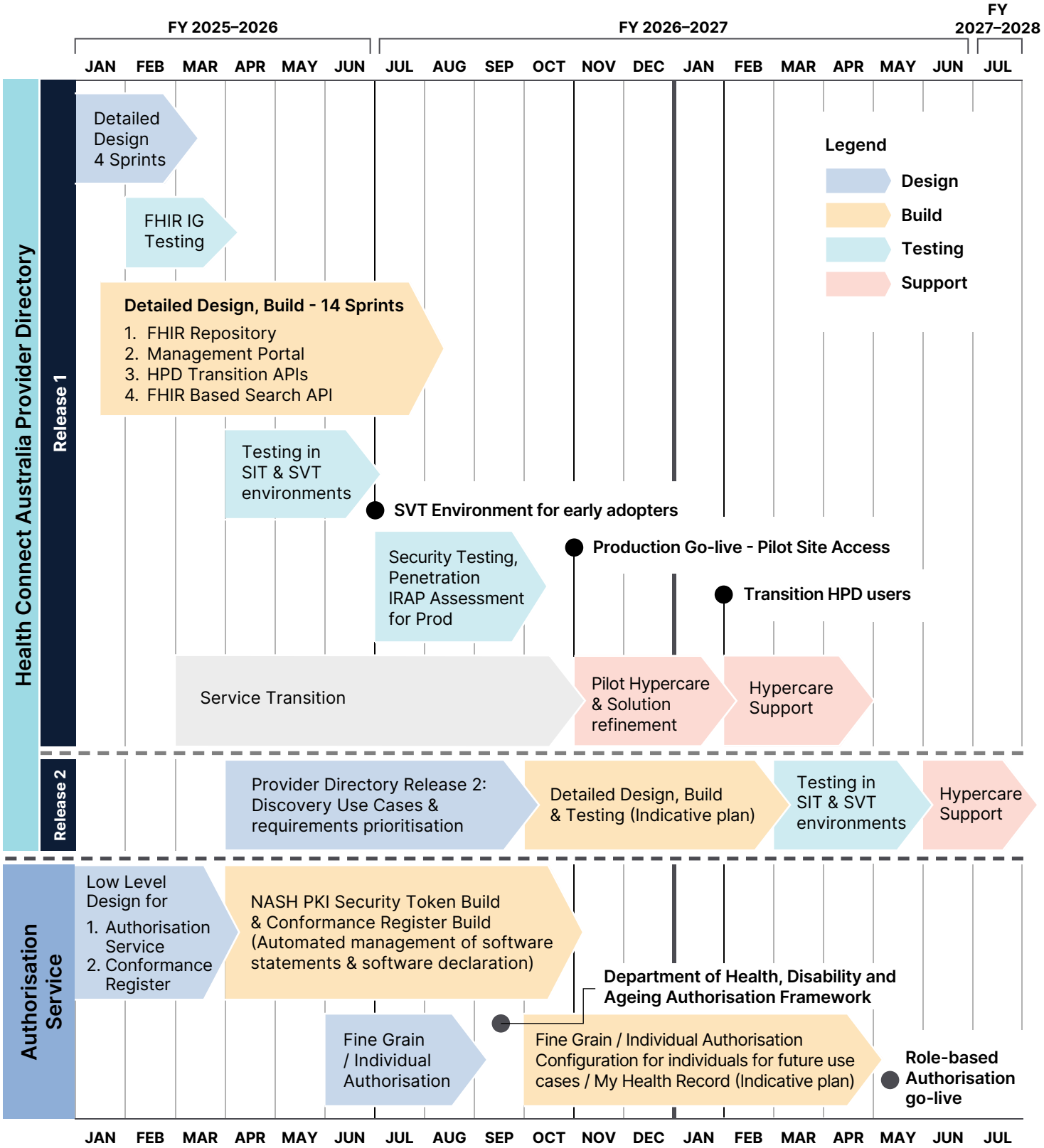
Conceptual solution architecture

Health Connect Australia National Digital Health Authorisation Service conceptual architecture



Health Connect Australia product roadmap(s)

Health Connect Australia high level schedule:



Update on the National Image Access discovery work

The Australian Digital Health Agency (the Agency), together with the Royal Australian and New Zealand College of Radiologists (RANZCR) and the Australian Diagnostic Imaging Association (ADIA), has progressed key discovery and design work to support a nationally consistent approach to accessing diagnostic images. This work forms a foundational element of Health Connect Australia's vision to improve interoperability, clinical safety, and the secure exchange of health information across Australia.

Context and problems to be addressed

Australia has a highly capable diagnostic imaging sector, yet access to prior images remains inconsistent across providers, settings, and jurisdictions. Clinicians often have limited visibility of previous studies, resulting in delays, repeat imaging, and avoidable patient burden. Fragmented systems, variations in standards adoption, and differing governance arrangements make it difficult to share images reliably and securely at the point of care. A national, interoperable approach is needed to support timely access, improve clinical decision making, and reduce unnecessary duplication.

Collective discovery work

Since early 2025, RANZCR has engaged a range of industry stakeholders to gather broad perspectives particularly from clinician referrer groups to identify the key requirements for a robust image sharing system to improve safety and efficiency, enhance clinical decision making, reduce duplication and unnecessary risks associated with repeat imaging.

This included one-on-one and small group discussions that surfaced current pain points, operational challenges, and strategic priorities from those directly involved in diagnostic imaging. These consults ensured representation from all relevant stakeholder groups, including:

- Radiologists and medical imaging technologists
- Referrers and other health professionals
- Health informatics and cybersecurity experts
- Technology vendors and product specialists
- Legal, privacy, and regulatory advisors
- Policy makers and system stewards.

A comprehensive sector-wide survey (n=246) was deployed to capture quantitative and qualitative data on image access needs, barriers, and user experiences, informing subsequent workshop design and validation. Key metrics included:

- Frequency and context of image access
- Perceived barriers to interoperability
- Satisfaction with current systems
- Appetite to reform and preferred future-state features

This work has been segmented by the Agency's own research and engagement activities, including:

- consumer centred research on patient experiences and expectations
- consultation with jurisdictions to identify priorities and build consensus
- engagement with private sector imaging Chief Information Officers to understand operational and incentive considerations

Lastly, three co-design workshops were conducted to validate insights and co-create future-state requirements to inform the strategic opportunities in this report:

- Two virtual workshops (July 2025): Focused on capturing diverse clinical, technical, and user perspectives, validating pain points, and co-creating future-state requirements. Included breakout sessions focused on discovery, co-creation and prioritisation of opportunities. Survey results were presented and discussed, highlighting key barriers such as fragmented systems, inconsistent authentication and limited interoperability.
- One in-person workshop (August 2025, Melbourne): Brought together stakeholders from across the sector to co-design the ideal future-state experience, identify enabling solutions, and assess implementation feasibility. The session included breakout activities where participants engaged in workflow mapping, enablers and blockers and relative prioritisation of solution components. Outputs included validated challenges, co-created opportunities and prioritised solution components to inform strategic recommendations.

This discovery work has informed the Image Access Strategy and Consultation Report, published in March 2026. The report articulates a national vision for transforming how diagnostic images are accessed and shared across Australia's health system. The strategy aims to shift away from isolated, one-off integrations, to a national, federated model that allows clinicians to find and view prior images promptly, securely and in context, at the point of care.

This approach, in line with Health Connect Australia's architecture, is designed to connect existing systems without the need for centralised storage or major re-platforming, leveraging common services such as identity, discovery, consent, and audit to ensure trust, privacy and seamless integration. This model is flexible, enabling jurisdictions and providers to adopt at their own pace, while remaining aligned with national programs and legislation.

Path forward and roadmap alignment

The National Image Access discovery work has helped shape the Health Connect Australia conceptual architecture that is being developed to progress the implementation of secure, standards-based image access reform across Australia. Drawing on the findings in the Image Access Strategy and Consultation Report, the Health Connect Australia Program (the Program) will continue to refine the architectural model, operational design, and implementation roadmap for a national, federated approach to image access. The strategic ask is to shift from isolated, one-off integrations to a national, comprehensive model that enables clinicians to find and view prior images quickly, securely, and in context - wherever care is delivered. The program is also considering how to enable consumers to access and view their own images. This transformation is essential to reduce duplication, delays, and clinical risk, while improving continuity of care and system efficiency.

Key focus areas include:

- defining a nationally consistent approach to identity, authentication, and authorisation.
- enabling a unified mechanism to discover and access prior imaging across public and private repositories.
- ensuring interoperability through alignment with national standards and driving seamless cross-jurisdictional integration by adopting common national frameworks.
- supporting inclusive, reciprocal participation by providers across the imaging ecosystem.

Key design principles:

- National connectivity: Link existing systems without requiring centralised storage or major re-platforming.
- Standards-based interoperability: Utilise common services such as identity, discovery, consent, and audit to ensure trust and seamless integration.
- Incremental rollout: Enable jurisdictions and healthcare providers to adopt the model at their own pace, while remaining aligned with national programs like Health Connect Australia and the National Digital Health Strategy.

Clinical and operational drivers:

- Fragmentation in Australia’s imaging ecosystem leads to avoidable delays, unnecessary duplicate scans, and increased clinical risk.
- Clinicians require timely access to prior studies to make informed decisions and deliver efficient care.
- The strategy must be vendor-neutral, technology-agnostic, and embedded within clinical workflows.

The National Image Access program of work will now progress a proposal to move into design and build phases subject to government funding. This work contributes to the Program’s broader goal of enhancing clinical safety, reducing unnecessary repeat imaging, and improving continuity of care for patients. The opportunities developed and subsequent design and build work for a national solution are intended to progress the implementation of secure, standards-based image access reform across Australia.

Appendix A: Agreed principles for coexistence of the Provider Directory & NHSD

Principle	P01 Product clarity	P02 Shared use case model	P03 Master of own destiny	P04 Consistency of data
Description	It should be clear whether NHSD or the Provider Directory should be used for a given use case	The scope of each system should be guided by defined current and future use cases	Each system needs to be able to prioritise and deliver according to their own business plans	Data that is common between the directories should be consistently sourced, structured and described, with consistent data quality measures/ criteria/ processes
Motivation	Reduce confusion for healthcare providers (organisations and individuals), software vendors and consumers	Clarity on our goals and a clear articulation of business benefits	So that each can fulfil its own business priorities and timelines	Reduce confusion for users and complexity for software vendors Enable interoperability using data sourced from each directory To prevent / minimise, monitor and address data quality gaps and data synchronisation issues
Implications	Clarification and alignment of scope and use of each system will need to be resolved	Use cases and user personas will need to be defined in a consistent way, enabling them to be compared / contrasted	The systems should not be too closely tied together because it will add complexity and impact timelines. Too much autonomy may lead to conflicting decisions and product confusion	Sources, structures and descriptions will need to be agreed. NHSD may need to modify existing sources, structures and descriptions Data quality measures/ criterion and monitoring processes will need to be agreed

Principle	P05 Common use of PCA	P06 Verified data sourcing	P07 Minimise duplication	P08 Minimise divergence
Description	For both systems, human-entered / curated content that is common must be provided using PCA	Data other than from PCA user entry should be sourced from as close to an authoritative source as possible	While meeting principle P01 Product clarity there should be coordination and collaboration	The solutions should utilise common FHIR models, business rules, terms, API models, etc
Motivation	Single portal for health service administrators. Enforce consistent models and processes	Maximise the trustworthiness of data	To minimise duplication of government investment across the two directories	Limit complexity (such as mapping) for client systems and users of both directories
Implications	Dependency on PCA product adoption by health organisations. Dependency on PCA product enhancements Product alignment between PCA, the Provider Directory and NHSD NHSD to stop directly allowing manual entry of agreed “common” data to their directory	This may include NHSD and the Provider Directory sharing data with each other, where each has established a reliable sourcing of data	Opportunities for common technologies, processes, etc should be sought. Co-design and joint development may be possible	Co-development and joint participation in FHIR community and other forums. PCA would also need to be aligned