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# **National Clinical Governance Committee for Digital Health (NCGC-DH) Terms of Reference**

17 March 2026 V0.6  
Approved for external information

**Publication date: 17 March 2026**

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**Acknowledgements**

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

## Purpose

The terms of reference (ToRs) set out in this document describe the characteristics and operational aspects of the National Clinical Governance Committee for Digital Health (NCGC-DH), known here on as 'the Committee'. The Committee is established to support the implementation of the Australian Digital Health Agency's (the Agency) Share by Default program, and coordinate discussion and provide advice on emerging digital health models of care, including virtual care (telehealth), and the safe and responsible use of Artificial Intelligence (AI) in healthcare settings. Ratification of these terms of reference formally establishes the Committee.

The objective of the Committee is to provide national clinical governance, system safety and quality, lived experience perspectives and expert clinical advice via the Agency to the Department of Health, Disability and Ageing (the Department) to consider with the Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme, the Honourable Mark Butler MP (Minister Butler).

The Better and Faster Access program ensures consumers and their carers have timely, clinically safe access to the information they need, when and where they need it, across all health and care settings. Recommendations and advice apply to the implementation, monitoring and ongoing evaluation of the Better and Faster Access program and to improve clinical safety associated with new and emerging virtual models of care and AI-enabled technologies. The establishment and management of Expert Advisory Groups (EAGs) will support the Committee in its recommendations and advice. Minister Butler can task the Committee to establish additional EAGs to consider other emerging digital models of care that require consumer informed or clinically led governance.

### 1.1 Background

In February 2023, the Australian Government released the Strengthening Medicare Taskforce Report (the Report), which outlined priority recommendations to improve primary care. The Report included a recommendation to "modernise My Health Record to significantly increase the health information available to individuals and their health care professionals, including by requiring 'sharing by default' for private and public practitioners and services, and make it easier for people and their health care teams to use at the point of care".

These changes mean that key health information is shared to My Health Record as standard practice by healthcare providers, rather than as an exception. The Australian Government responded to the recommendation of the Strengthening Medicare Taskforce by providing funding to continue modernising My Health Record and improve digital health information sharing. This includes requiring healthcare providers to share diagnostic imaging and pathology results to My Health Record under *Modernising My Health Record (Sharing by Default) Act 2025*. The Australian Government is also progressing with changes to remove the 7-day delay to consumer viewing in My Health Record for diagnostic imaging reports, while the 7-day delay to consumer viewing to pathology reports was removed for most pathology tests from October 2025.

In November 2023, a Clinical Reference Group (CRG) was established by the Agency and the Department to provide strategic advice and clinical oversight to the Better and Faster access to diagnostic imaging and pathology reports in My Health Record program. The Committee is being established to act as an enduring continuation of the work undertaken by the CRG.

In October 2025, Minister Butler agreed to expand the Committee's scope to include other priority topics, via the establishment of EAGs, which will report back into the Committee on matters of clinical governance and digital patient safety. The EAGs include:

- Better and Faster Access, advising on safe health information sharing to My Health Record
- Virtual Care and Telehealth, advising on patient safety issues concerning emerging care models
- AI Enabled Care, advising on safe and responsible use of AI in healthcare settings including integration with National Digital Health Infrastructure.

The Agency will address ToR development and membership nominations for each EAG as a separate process.

## 2 Scope and function

These ToRs outline the composition, roles and responsibilities, meeting cadence, and strategic advisory remit of the group.

The primary scope and function of the Committee is to support the Agency in managing and delivering specific national program outcomes. This includes appointing a membership who:

- Collaborate with the Agency on delivery, outcome management, continuous monitoring and evaluation of Better and Faster Access
- Provide lived-experience and practical insights from clinical, industry, and operational settings to ensure recommendations are grounded in real-world experience and uphold standards of safety, clinical appropriateness, quality, and efficacy
- Engage with and advocate through their respective organisations
- Consider clinical safety and evaluation data for reporting to senior executives within the Agency and the Department, the Agency's Board and Minister Butler
- Provide strategic advice on clinical governance matters related to safe sharing of clinical information to the My Health Record system
- Review and provide advice on evidence-based data and analytics
- Advise on additional types of health information that could be safely shared by default to My Health Record in the future
- Support the Agency to conduct annual evaluation activities reported to the Department and via the Agency's Clinical Governance Performance Report
- Provide strategic advice and recommendations on legislative, policy, regulatory measures and digital health levers that could be applied for safer virtual care models, and safe and responsible use of AI in healthcare settings.

### **Committee structure and operations:**

- Chaired by an Agency representative
- Comprises representatives from consumer advocacy groups, professional colleges, peak bodies, and jurisdictions
- Members are appointed for a term of three (3) years
- Subject matter experts on clinical safety or lived experience topics will be hosted where required.

## 3 Governance pathways, reporting and escalation

The authority of the Committee comes from the approval of its role and function by the Agency's Chief Program Officer, Policy Programs and Engagement Division, and agreement from Minister

Butler. Members are accountable and responsible through the Chair to provide the necessary input to ensure the objectives of the Committee are fulfilled.

The Agency's existing governance structures will provide additional oversight via the Program Control Group (PCG) and the Agency and the Department's senior executives, as well as Minister Butler.

As part of this coordinated approach, Committee members will be able to provide advice via the Agency and the Department to Minister Butler, to implement national improvements to clinical safety in digital health. Additionally, Minister Butler may directly task the Committee or EAGs on specific matters requiring clinical governance across emerging digital health models of care.

The Committee may also receive reports and other correspondence from members through the Secretariat.

## 4 Membership and responsibilities

The Committee will balance clinical expertise and lived experience. Consumer representation will include representatives from diverse backgrounds. Representatives, to be nominated from the following organisations, are sought to contribute to the group:

- Advanced Pharmacy Australia (APA)
- Allied Health Professions Australia (AHPA)
- Australian College of Nursing (ACN)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Commission on Safety and Quality in Health Care
- Australian Digital Health Agency
- Australian Health Practitioner Regulation Agency (Ahpra)
- Australian Medical Association (AMA)
- Australian Nursing and Midwifery Federation (ANMF)
- Australian Primary Health Care Nurses Association (APNA)
- College of Intensive Care Medicine of Australia and New Zealand (CICM)
- Consumers Health Forum of Australia (CHF)
- Department of Health, Disability and Ageing
- Health Care Consumers Association (HCCA)
- Human Genetics Society of Australasia (HGSA)
- LGBTIQ+ Health Australia (LHA)
- Medical Software Industry Association (MSIA)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- People with Disability Australia (PWDA)
- Pharmaceutical Society of Australia (PSA)
- Public Pathology Australia (PPA)
- Representatives from each state and territory health department
- Services Australia
- Therapeutic Goods Administration (TGA)
- The Pharmacy Guild of Australia (PGA)
- The Royal Australian and New Zealand College of Radiologists (RANZCR)
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- The Royal Australian College of General Practitioners (RACGP)
- The Royal Australasian College of Physicians (RACP)
- The Royal Australasian College of Surgeons (RACS)

- The Royal College of Pathologists of Australasia (RCPA).

## Terms of appointment

Members are appointed as nominees for their individual skills, knowledge, experience and expertise and hold their appointment at the discretion of the Agency.

Members may resign from the Committee at any time by providing a letter stating the intention to resign to the Chair (copied to the Secretariat) at least four weeks prior to the date of resignation.

The Agency will approach the member's nominating organisation for a new representative, as appropriate.

The Agency retains the discretion to terminate a member's appointment to the Committee at any time and for whatever reason.

### 4.1 Chair arrangements

The selection of Chairs for the Committee and the EAGs is at the full discretion of the Agency. The Committee's Chair is the Agency's Chief Clinical Adviser (Medicine), Dr Amandeep Hansra.

EAG Chair arrangements are described in separate ToRs.

### 4.2 Secretariat arrangements

Secretariat for the Committee is provided by the Director, Clinical Governance and Clinical Governance Section team, within the Agency's Policy Programs and Engagement Division.

### 4.3 Membership expectations

The Committee will operate in a transparent and collaborative manner, respecting the views and contributions of all members. Members will abide by the Agency's code of conduct and confidentiality agreements.

Members may acknowledge their participation in the Committee in external settings; however, the Chair, via the Agency's communications channels, serves as the spokesperson for all external communications and public commentary on behalf of the Committee. The Chair has sole authority, as delegated by the Agency, to communicate any actions, advice, recommendations or updates regarding the Committee beyond information made available in public communiques. Members should seek advice from the Secretariat before discussing or commenting publicly on Committee-related matters.

Members elected to the Committee will be responsible for:

- Representing and appropriately articulating their organisation's views (and where applicable, their member's views)
- Attending and actively participating in the meetings, including any proceedings relating to endorsements or recommendations
- On occasions where attendance of a delegate or proxy is agreed by the Chair, ensuring that any delegate or proxy member is appropriately briefed and has submitted a conflict of interest declaration to the Agency prior to their participation in the meeting
- Providing their expertise, perspectives, and feedback on topics, programs or themes
- Coordinating and actively participating in activities related to topics, programs or themes

- Advising on the development of any future clinical or consumer support resources for the program
- Communicating with their respective organisations and stakeholders on outcomes, advice or recommendations, subject to the confidentiality requirements described in Clause 11, *Confidentiality and transparency*
- Prioritising discussion of issues relating to safety and quality and proposing actions to address these concerns
- Escalating any issues, concerns or conflicts of interest to the Chair or the Secretariat as appropriate.

## 5 Establishment timeline

The Committee will commence its operation in November 2025, following circulation of Instruments of Appointment by the Agency and subsequent appointment of members.

## 6 Meetings

The Committee will meet quarterly at a minimum, or more frequently in circumstances where nationally significant clinical safety issues relevant to the work of the Agency or the Department are required to be addressed.

Secretariat will prepare and circulate (in advance of each meeting) an agenda, together with copies of papers relevant to the business of the meeting. Secretariat will maintain a record of the meeting in a form agreed to by the Chair.

Following each meeting, Secretariat will distribute a copy of the actions to the Committee members as confirmed by the chair. A communiqué following each meeting will be provided to Minister Butler and published on the Agency's website.

Meetings will be held virtually using an online video conferencing platform (for example, Microsoft Teams).

### 6.1 Out of session requests for action

Committee members may be asked to respond to or progress requests out of session to expedite actions and meet time-critical decisions. Members will be emailed or alternatively granted access to an online consultation space to streamline out-of-session contact and share materials during development, or for consideration. Meeting materials may also be shared with members via email or the online space.

### 6.2 Minutes

Minutes of the meeting will record all decisions made and actions assigned to Committee members, along with the target due date for reporting back to the Committee. Meeting minutes will be circulated to members within ten working days after the meeting. Copies of minutes will be made available on request to:

- The Agency's Executive Leadership
- The Department Executive Leadership
- External presenters and guests, as required and approved by the chair.

### 6.3 Guest presenter and subject matter experts

From time to time, the Agency may invite guest presenters or subject matter experts to present content relevant to the program, a specific agenda item, or topics relevant to the monitoring and evaluation of the program.

### 6.4 Quorum

Meeting quorum includes the Chair, and at least 50% of the standing membership.

## 7 Meeting pack

Members are supplied with a meeting pack at least five working days before each meeting to provide time for members to review the content. The meeting pack includes:

- Meeting agenda
- Previous meeting minutes, including actions and decisions, as draft for approval
- Supporting papers and other information, as necessary for agenda items.

## 8 Agenda

The Chair will set the meeting agenda. Members are invited to submit proposed agenda items to the Secretariat at least 30 days before any meeting. The following items will be included in every agenda:

- Apologies and proxy nominees in attendance
- Conflict of interest
- Approval of previous meeting minutes
- Other business
- Summary of decisions and actions
- Confirmation of next meeting date (where known).

Members will endeavour to reach consensus on their advice and recommendations. If consensus cannot be reached, the Chair will record the different views and report them via the Agency and the Department's senior executives.

## 9 Authority, accountability and decision making

The Committee is not a decision-making body. Rather, it provides expert clinical advice via the Agency to the Department for consideration with Minister Butler on matters related to the program including:

- safety and quality issues in digital health
- clinical care enabled by digital health technologies
- consumer needs and preferences
- enablers and barriers to implementation of health technologies, legislation and national reforms
- emerging models of digitally enabled care
- monitoring for emerging clinical risks, with a view to advising on suitable mitigations
- advocating for the benefits of national clinical governance for digital health

- providing reports to the Chair on matters of concern within their clinical craft group, professional organisation or community.

## 10 Guiding principles

The operation of the Committee will be in accordance with the Agency's Clinical Governance Framework for Digital Health (the Framework). The core principles of the Framework include:

- **Leading with our people** - leading with our people requires effective leadership and refers to how individuals behave, communicate, interact with and influence others in the context of their role. Leaders may arise from any part of the workforce.
- **System safety and quality improvement** - system safety and quality improvement collectively refer to an approach that encompasses clinical safety, continuous improvement and clinical safety risk and incident management.
- **Evidence-based Practice** - evidence-based practice in health technologies involves a structured approach to gathering, interpreting, analysing and evaluating internal and external data, insights and existing research to inform the design, development and delivery of our products and services.
- **Person-centredness** - Person-centredness means consumers are active partners in the design, delivery and evaluation of digital health services and tools, ensuring structured processes reflect their needs, goals, values, preferences and lived experiences.

Consumers are supported with clear, accessible information to make informed decisions and to meaningfully participate in their own health and care. Members will work together to ensure consumer agency is a primary goal in supporting the delivery of safe and quality digital care.

- **Partnership** - partnership involves working with consumers and our partners in the design, development and delivery of our products and services.

## 11 Confidentiality and transparency

The Committee will consider and discuss material that may be of a sensitive or confidential nature. Members and attendees acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. Sensitive information will be managed to ensure it can only be accessed by members of the Committee, and staff from the Agency who have a valid reason to access and handle the information. Approved information will be made available to support members to fulfil their function as representatives of the Committee.

As noted above, meetings will be formally documented to ensure good governance practices are carried out, and to support effective operations of the Committee, for creating a record of discussions aligned to the formal action and decision record. Exclusions from the minutes may be made and on-camera sessions conducted at the Chair's discretion.

Communiqués intended for public release will be prepared after each meeting, shared with members, and published on the Agency's website.

## 12 Recording of meeting proceedings

In line with the Agency's Diversity and Inclusion Strategy, the Chair, as the responsible delegates, may

approve the recording of meetings and/or meeting data in the event a member has accessibility needs (for example, hearing or visual impairment, neurodiversity or other requirements).

Approval to record a meeting and/or meeting data for accessibility purposes must be sought in writing by the member to the Secretariat at: [clinicalgovernance@digitalhealth.gov.au](mailto:clinicalgovernance@digitalhealth.gov.au), at least three (3) business days prior to a meeting to allow sufficient notification to all members. This includes using AI-enabled notetaking software, recording devices or taking and storing screenshots of materials presented during meetings.

In addition, members agree to ensure:

- the Request for Approval to Record Data form and submit to the Clinical Governance mailbox
- there is a reasonable accessibility concern for their request to record the meeting/meeting data
- recordings will be undertaken in accordance with the Agency's Australian Privacy Principles Notice – notification of the Collection of Personal Information (the Collection Notice)
- data is only used to support the members' role as a member
- data will not be circulated or shared
- data will be destroyed within 24 hours.

In the event a meeting and/or meeting data is approved to be recorded to support a member's accessibility needs, the Agency Collection Notice is to be included on all meeting invitations as a point of reference for attendees. On commencement of the meeting, the Chair will seek approval from members as follows:

- Following the Acknowledgement of Country, the chair states:  
*'As advised in the meeting invitation, this meeting [date] will be recorded by [external member(s)]. I believe that all participants have already received notice and provided their consent of this recording. The Collection Notice is available in the meeting chat for your reference. If you do not wish to have your personal information recorded, please note your objection and leave the meeting. You may withdraw your consent to being recorded at any time. The chairperson allows reasonable time for objections/discussion and then states, "recording is commencing now".'*
- A statement is included in the minutes about the recording.
- The Chair will manage any objections raised.
- At the end of the meeting, the Chair will seek confirmation from the external member(s) that recording of the meeting will be deleted within 24 hours and will not be circulated or shared.

## 13 Review arrangements

The Committee's scope, remit and effectiveness will be subject to periodic review at the discretion of the Agency.

The Committee may be subject to sunset arrangements or review by 19 November 2028, or before as determined by the Agency. Ahead of this date, the group will receive confirmation of any such arrangements via electronic communication and an associated paper for noting.

## Version history

<b>Version</b>	<b>Date approved</b>	<b>Comments</b>
0.6	17 March 2026	