



Australian Digital Health Standards Advisory Group

Terms of Reference

Australian Digital Health Standards Advisory Group v3.1

Approved for external use

OFFICIAL

1 Background

The Australian Digital Health Agency (the Agency) is responsible for national stewardship, leadership and coordination of a dynamic, comprehensive and collaborative Digital Health Standards. Core to this work is engaging with standards development organisations, industry experts, government, health departments, consumers, healthcare providers and clinical colleges to shape how the digital health standards community delivers the tools needed to guide healthcare in a connected digital future.

Standards are identified as a key priority area of the [Connecting Australian Health Care – National Healthcare Interoperability Plan 2023-2028](#) (Interoperability Plan) accepted by the Health Chief Executives Forum in March 2023. Standards are also an important component of the [National Digital Health Strategy](#), the [Australian Government Digital Health Blueprint](#) and of state and territory digital health strategies.

Information sharing that improves clinical outcomes and empowers people to make informed, collaborative healthcare decisions is dependent on the consistent adoption of agreed Standards and specifications. As digital transformation accelerates across the healthcare system, the coordinated use of standards provides the foundations for secure, seamless, timely and meaningful exchange of information that is necessary for a connected healthcare system that meets the needs of consumers and clinicians.

2 Purpose

The Australian Digital Health Standards Advisory Group will provide specialist advice on digital health standards to the Agency and the [Council for Connected Care](#) (the Council). The Australian Digital Health Standards Advisory Group provides a mechanism for seeking advice on achieving a more connected healthcare system through the use of standards that support safe, secure and seamless sharing of information to improve patient experience and health outcomes.

3 Objectives

The Australian Digital Health Standards Advisory Group objectives are to:

- Bring together stakeholders that have an interest in standards use, adoption, implementation and development to support digital health solutions in Australia
- Identify priority areas for future standards use, adoption, implementation and development
- Identify enablers to overcoming barriers to standards use and implementation in Australia

- Provide advice on the implementation of actions under Priority Area 2 – standards in the Interoperability Plan
- Provide a forum for monitoring and supporting Australian participation in international standards development that impacts digital health solutions in Australia.

4 Responsibilities

The Australian Digital Health Standards Advisory Group is responsible for:

- Providing expert technical advice on digital health standards use, adoption, implementation and development
- Identifying solutions, risk and issues within the health sector in support of the Digital Health Standards Program. This includes projects and products such as:
 - The National Digital Health Standards Catalogue
 - National Roadmap for Digital Health Standards
 - Procurement guidelines
- Providing advice to the Agency and the Department to the Sparked Programme product National Data Model for Interoperability, as to its ongoing and enduring governance arrangements
- Promoting and fostering stakeholder engagement in digital health standards use, adoption, implementation and development.

5 Governance pathways, reporting and escalation

The Australian Digital Health Standards Advisory Group reports to the Council for Connected Care through the Chair of the Australian Digital Health Standards Advisory Group and Branch Manager, Informatics and Standards at quarterly meetings.

6 Standing membership

The standing membership for the Australian Digital Health Standards Advisory Group is drawn from a broad range of digital health, healthcare and standards development organisations.

Membership will be for a full three-year term and includes the following members:

- Chair – Mr Christopher Radbone, Chief Executive Officer – MedicAlert Foundation
- Mr Rod Amos, Principal Adviser - National Initiatives, Connecting Care, Department of Health (Victoria)
- Dr Andrew Bell, Specialist Clinical Informatics, Office of the CCIO, Enabling Services, NT Health
- Ms Vicki Bennett, Unit Head, Pacific Health Information and Classifications Support Unit, Australian Institute of Health and Welfare
- Mr Quentin Campbell, Senior Manager, Digital Enterprise Services, Tasmanian Department of Health
- Ms Kate Ebrill, Interoperability Lead, CSIRO
- Mr Michel Hulzebos, Director Healthcare, GS1 Australia

- Ms Julia Hume, Executive Director, Costing and Data Infrastructure, Independent Health and Aged Care Pricing Authority
- Ms Lisa Kalman, Consultant/Senior Program Officer, Healthcare Systems Integration Lead, Heart Foundation – representing Australian Information Industry Association (AIIA)
- Mr Holger Kaufmann, Chief Information Officer and Executive Group Manager, ACT Health
- Ms Anne Livingstone, Director of Projects and Research, Global Community Resourcing
- Nicolle Marchant, Director of Digital Health, National Aboriginal Community Controlled Health Organisation
- Dr Vince McCauley, Chair, IHE Australia, Integrating the Healthcare Enterprise
- Dr Paul Miles, Director, Digital Health and Chief Information Officer, Australian Commission on Safety and Quality in Health Care
- Jim O'Shea, Acting Chief Executive Officer, Victorian Aboriginal Community Controlled Health Organisation
- Ms Jo Root, Director, Policy and Research, Consumers Health Forum of Australia
- Mr Ben Russell, Engagement Manager – Health Sector, Standards Australia
- Mr Daniel Scott, Executive Director, Strategy, Architecture and Information Services, eHealth Queensland
- Mr Jeremy Sullivan, Director, Digital Connectivity and Standards, Department of Health and Aged Care
- Mr George Thurnell, Lead Enterprise Architect & Senior Manager, Enterprise Architecture, Strategy, Architecture, & Transformation Office (SATO), eHealth NSW
- Ms Tasma Vyver, National Manager, Digital Health Branch, Services Australia
- Ms Jessica White, Board Director, Medical Software Industry Association
- Andrew Wiltshire, Head of Digital Health, Medical Technology Association of Australia
- Sallyanne Wissmann, Chief Executive Officer, Health Information Management Association of Australia
- Sari McKinnon, General Manager, HL7™ Australia

ex officio

- Mr Peter O'Halloran, Chief Digital Officer (Deputy Chair)
- Mr John Borch, Chief Technology Officer
- Mr Reuben Daniels, Strategic FHIR Advisor, Australian Digital Health Agency
- Mr Ryan Mavin, Branch Manager, Informatics and Standards
- Ms Lisa Murphy, Director, Standards Strategy
- Ms Cath Koetz, Director, Standards Adoption

6.1 Non-member attendees

The Chairperson or Agency may, from time to time, invite other individuals or groups to attend meetings as expert advisers or observers. The invitation may extend to attend a portion or the

whole meeting. Members may only invite an observer or support person (to assist with a presentation for example) with the express approval of the Agency via the Secretariat.

7 Member responsibilities

7.1 Chairperson

The Agency nominates the Chairperson. If the Chairperson is unable to attend a scheduled meeting, the Agency will nominate a member/ex officio to perform the duties of the Chairperson. The Chairperson is responsible for:

- Approving the agenda and agenda items
- Overseeing the orderly performance of business based on the agenda
- Leading discussion during Australian Digital Health Standards Advisory Group meetings and providing advice on the key topics
- Determining when a risk or issue should be escalated to the Agency when it can't be resolved otherwise.

The Chairperson may appoint a proxy to chair all or part of a meeting at their discretion.

7.2 Secretariat

The Agency will provide Secretariat support. The Secretariat is responsible for:

- Booking each meeting, based on advice from the Chairperson
- Preparing and distributing the meeting agenda and meeting pack
- Recording the meeting minutes, decisions and action items and distributing communiques.

7.3 Members

Members provide input to support the effective operation of the Australian Digital Health Standards Advisory Group. Members agree to provide specialist advice on areas within their expertise and meet due dates for input. This advice could be in the form of a presentation, addressing the key standards-related topics and recommendations.

A member who is unable to attend a meeting may nominate a proxy to represent them. Members are to notify the Secretariat if they wish to nominate a proxy to attend on their behalf for a particular meeting. Proxies will be accepted at the discretion of the Chairperson or the Secretariat.

8 Quorum

A quorum consists of the majority of Advisory Group members, one must be the Chairperson and at least 50% of standing members.

9 Meetings

9.1 Frequency and location

The Australian Digital Health Standards Advisory Group will meet twice a year virtually. At each meeting members will consider critical aspects of standards use, adoption, development and implementation. The agenda will support these deliberations with regular business reported by exception.

Members will be invited to join optional workshops that focus on emerging problems or areas that require focused effort. Outcomes of workshops will be reported to SAG members. Examples of these include groups to:

- Provide advice on use-case development to support the use and functionality of the National Digital Health Standards Catalogue
- Validation of terminology maps for inclusion in a National Terminology Mapping Library
- Provide interim governance to the Sparked Programme products including the National Data Model for Interoperability.

Additional meetings can be called at the discretion of the Chairperson or Secretariat when required to deliberate on key deliverables or documents.

9.2 Meeting pack

The Secretariat will provide the meeting pack to members at least 5 working days before each meeting.

The meeting pack includes:

- The meeting agenda
- Previous meeting minutes and actions
- Supporting information, as necessary for agenda items.

9.3 Minutes and Communique

The Secretariat will record all minutes and actions. An update on progress will be provided at the next meeting of the Council for Connected Care. For the twice-yearly meetings, a communique that summarises the topics discussed will be circulated to members and published on the Agency's website.

9.4 Out-of-session papers

Urgent matters that cannot be deferred until the next meeting can be managed as an out of session paper. The out of session paper and cover sheet will be sent to members via email with a requested response date.

10 Confidentiality

The Australian Digital Health Standards Advisory Group may consider and discuss material that is of a sensitive or commercial nature. Members and attendees acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain and will assume all documents prepared by or presented to the Australian Digital Health Standards Advisory Group to be confidential unless identified otherwise by the Chairperson. Members agree not to report or attribute comments of individuals nor their affiliations outside of Australian Digital Health Standards Advisory Group meetings.

The use of artificial intelligence (AI) tools by members, including but not limited to AI-powered chatbots, transcription services, decision-support systems, and generative applications, is prohibited during meetings unless express prior written consent has been obtained from both the Chair and the Agency. This restriction is intended to maintain confidentiality in relation to the Advisory Groups discussions. Members who require the use of AI services should request this formally through the Secretariat at least one calendar month prior to the meeting for consideration.

11 Conflicts of interest

If a member has a real, apparent, or potential conflict of interest relating to a matter before the Australian Digital Health Standards Advisory Group, that member is required to inform the Chairperson. In the case of the Chairperson, he or she will inform the Agency prior to consideration of the matter by the Australian Digital Health Standards Advisory Group. If the Chairperson, or the Agency (as the case may be) concurs that a real, apparent, or potential conflict of interest exists, the member faced with such conflict will not participate in the consideration of the matter. Details of interests declared, and actions taken, will be recorded in the minutes.

12 Intellectual Property

The Agency will own all intellectual property rights in material created for the Australian Digital Health Standards Advisory Group and will make any such material available to other members for their use under broad licensing arrangements.

13 Performance and review

The performance of the Australian Digital Health Standards Advisory Group will be measured at least annually. It will conduct a self-assessment of its performance and opportunities for improvement.

Performance measures will include:

- Timely delivery of meeting packs supporting effective operations
- Attendance by standing members
- Effectiveness of meetings
- Effectiveness of members in completing assigned tasks.

Version history

Version	Date approved	Comments
1.0	14 December 2023	Endorsed by Australian Digital Health Standards Advisory Group
2.0	October 2024	Endorsed by Australian Digital Health Standards Advisory Group 4 November 2024
2.1	January 2025	Membership list updated
2.2	February 2025	Membership list updated
3.0	March 2026	Changes to meeting cadence and instructions on use of AI during meetings
3.1	August 2026	Membership list updated

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