

Agency Software Development Roadmap



Australian Government

Australian Digital Health Agency

June 2026 release



Welcome to the Agency Software Development Roadmap

June 2026

The roadmap will be updated quarterly with key dates, program changes, and compliance milestones, including a "what's new" section for major updates. Timelines may vary by release, and significant updates will be communicated via industry emails. *The monthly MSIA Q&A forum remains a valuable source for ongoing guidance.* The Agency is committed to collaborating with software vendors to deliver secure, interoperable solutions, and encourages engagement and feedback to improve digital healthcare. For questions or feedback, contact industry@digitalhealth.gov.au.

What's New

- **Connected Care update 5 August 2026:** At this event, the Agency will share the Connected Care roadmap, including upcoming priorities, key milestones and what they mean for industry and implementation partners. This will be an opportunity to hear directly from the Agency about the direction of Connected Care, the actions required across the sector, and how we can work together to support a more connected digital health system. Register at [Connected Care Update](#).
- **Implementer Hub:** Engagement activities with Jurisdictions and key stakeholders have commenced to support awareness and readiness for the future rollout of the Healthcare Information Provider Service (HIPS) with the Hub. (*refer to page 8*)
- **Health Connect Australia:** Services Australia API development commenced for the Healthcare Provider Directory (HPD) and the first Search API is live in the Development environment. Ongoing communications planning for vendor and provider engagement.
- **Healthcare Information Provider Service (HIPS):** HIPS v9.1, IHI Microservice v1.0 and HIPS Core APIs v3.1 published in May 2026.
- **NASH PKI certificate change:** Services Australia is updating how NASH PKI certificates are issued and protected to improve security and reliability. All Software Developers will need to test the new NASH PKI certificate with their software to identify any compatibility issues before the certificates are made available in production. The testing window will open on 15 June 2026.
- [National Framework for Digital Health Standards](#) have been released and set out a unified, nationally coordinated approach to the adoption, implementation, and development of digital health standards.




IDMO roadmap release timings

Agency roadmap release timings

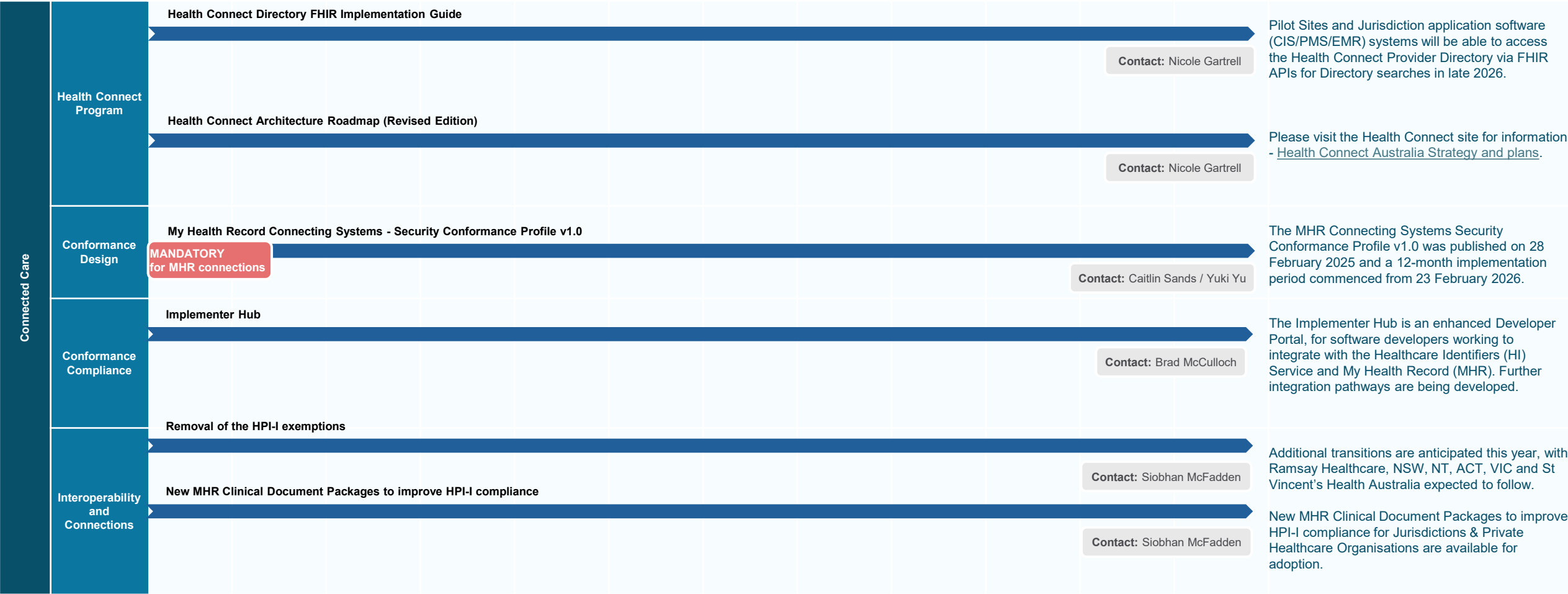


Agency Software Development Roadmap 12-month view

Legend




-  Milestone
-  Critical dependency or consideration (see 'Considerations' for details)
-  Project newly added

| Jun-26 | Jul-26 | Aug-26 | Sept-26 | Oct-26 | Nov-26 | Dec-26 | Jan-27 | Feb-27 | Mar-27 | Apr-27 | May-27 | Considerations |
|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|----------------|
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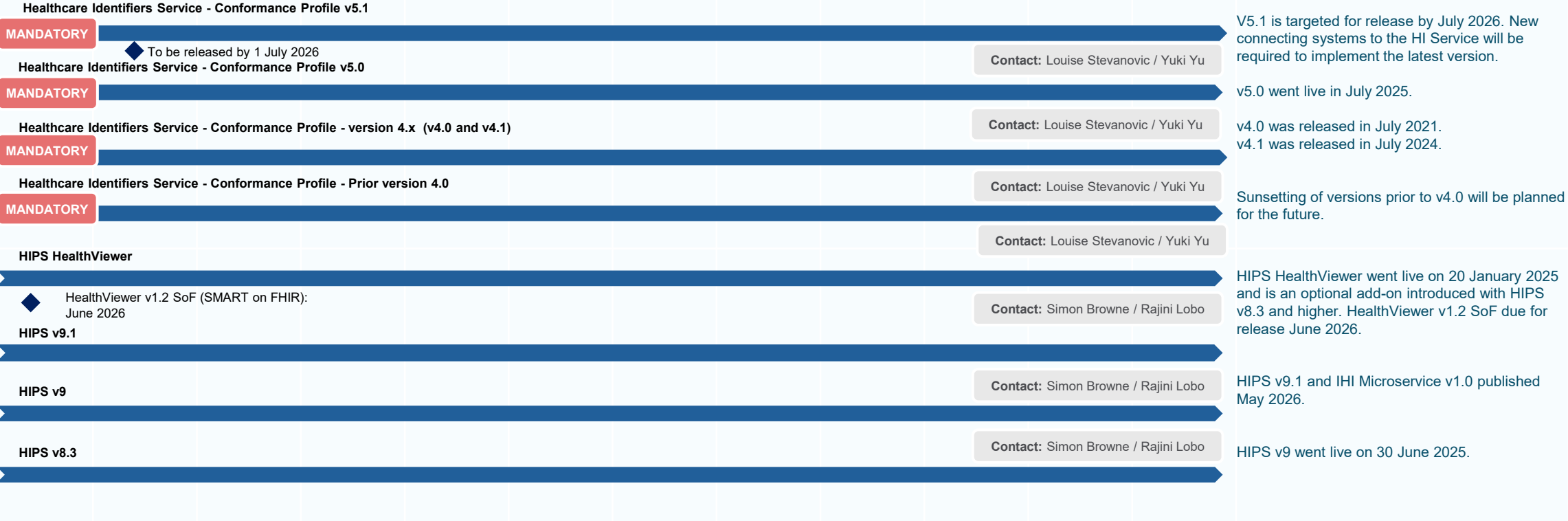
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Customer Experience & Products

Healthcare Identifiers Service Conformance Profile

Healthcare Information Provider Service (HIPS)



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| National Program Delivery | Medicines Safety Program | National Medicines Record (NMR) | | | | | | | | | | | | <p>The National Medicines Record (NMR) is a national staged reform, focusing initially on Patient Medicines History API and onboarding the National Prescription Delivery Service (NPDS) as a conformance Registered Repository Operator by the end of 2026.</p> <p>EPCMC v3.0.2 went live on 29 May 2025. As of 1 April 2026, all transitional eNRMC vendors have achieved conformance. Residential Aged Care Homes must deploy conformant eNRMC products by 31 December 2026.</p> <p>Software vendors must upgrade to EP CPV3.0.1 by 30 September 2026 and transition all clients by 31 March 2027. Broad engagement has been undertaken including virtual workshops supported by targeted communications to guide affected vendors. Vendors are encouraged to complete development and progress conformance to meet the required timelines</p> <p>The National Electronic Prescribing Integration Middleware (NEPIM) forms part of the technical foundation to enable electronic prescribing in public hospitals. Detailed planning will occur in FY26-27, with a release targeted within 6-12 months.</p> |
| | | Electronic Prescribing Conformance Medication Charts Profile (EPCMC) v3.0.2 | | | | | | | | | | | | |
| | | MANDATORY | | | | | | | | | | | | |
| | | Electronic Prescribing Conformance Profile v4.0 | | | | | | | | | | | | |
| | | EP General Prescribing and Connecting Systems Conformance Profile v3.0.1 | | | | | | | | | | | | |
| | | EP General Prescribing and Connecting Systems Conformance Profile v2.3 | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> <p>🚩 Software uplift to CPv3.0.1 by 30 September 2026</p> </div> <div> <p>CPV3.0.1 Implementation for all clients completed by 31 March 2027</p> </div> </div> | | | | | | | | | | | | | | |
| National Electronic Prescribing Integration Middleware (NEPIM) | | | | | | | | | | | | | | |
| My Health Record Expansion and Use | Requirement to upload Pathology and Diagnostic Imaging reports by default | | | | | | | | | | | | Go live is anticipated for 1 July 2026. | |
| | ◆ Commences 1 July 2026 | | | | | | | | | | | | New B2G Conformance Profiles due to be released by June 2026 to support the introduction of the Client Management API. | |
| | Aged Care B2G Gateway Conformance Service | | | | | | | | | | | | | |
| ◆ New profiles to be released by June 26 | | | | | | | | | | | | Contact: Sandra Cook | | |

Contact: Vicki Ibrahim

Contact: Vicki Ibrahim

Contact: Vicki Ibrahim

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Contact: Jennie McDonald

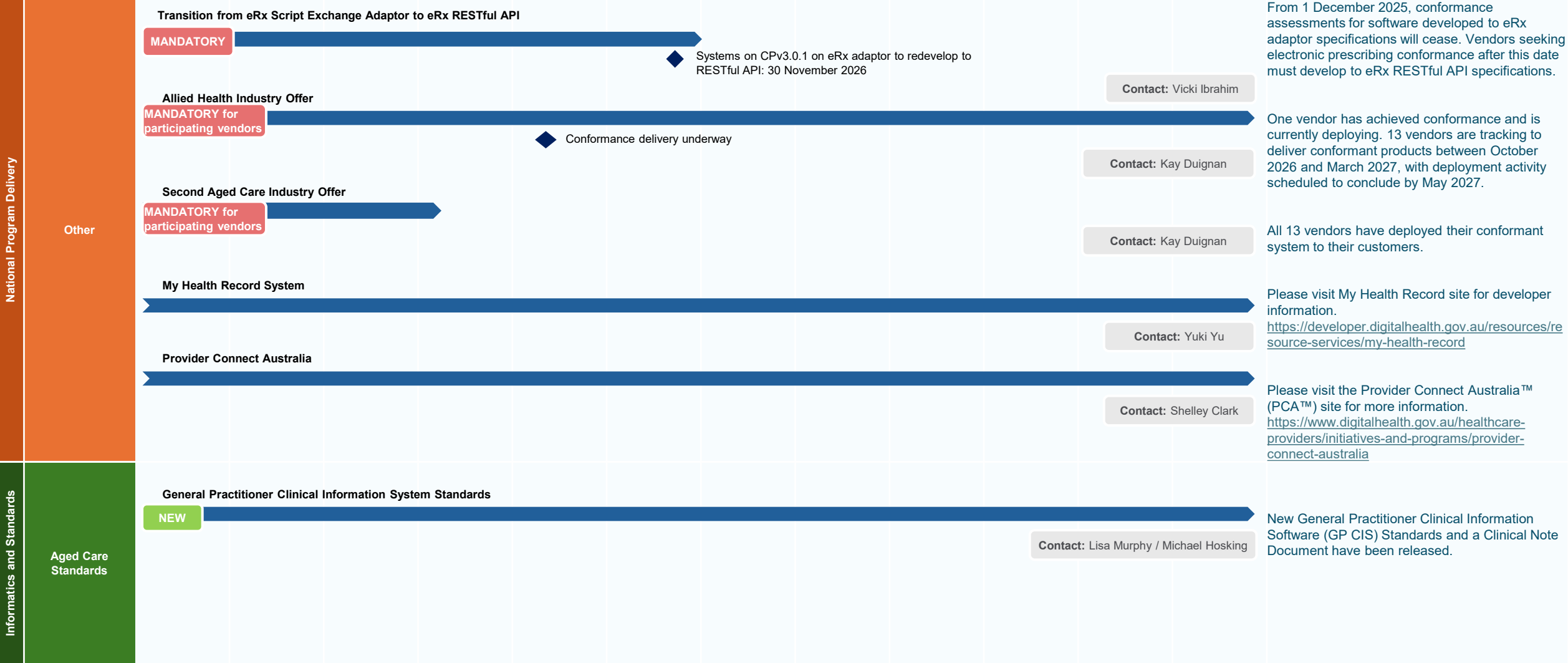
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Appendix: Detailed Summaries

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| Connected Care | Health Connect Program | Health Connect Directory FHIR IG (implementation guide) | <p>Pilot Sites and Jurisdiction application software (CIS/PMS/EMR) systems will be able to access the Health Connect Provider Directory via FHIR APIs for Directory Searches in late 2026. There will also be a SMART on FHIR app available. Ability to download the Directory data will be based on Authorised access. This will allow vendors to connect to a conformant Provider Directory with Authorised Access capability to search for Healthcare Provider Individuals and HealthCare Provider Organisations.</p> <p>Impacting: clinical system developers, middleware and integration developers</p> |
| | | Health Connect Architecture and Roadmap (revised edition) | <p>The program is focusing on image access discovery work, change and adoption planning, and use case development. A modernisation blueprint is also in development to capture the services, products and user experience of the future state. The Foundation Phase Supplement (formerly the Architecture Roadmap) was published in May 2026.</p> <p>Impacting: clinical system developers, middleware and integration developers</p> |
| | | Health Connect Australia Directory and Authorisation | <p>***UPDATED***</p> <p>FHIR IG Snapshot 3 testing completed; active engagement with the HL7 community at the Connectathon advanced alignment on the FHIR IG and Bulk Syndication, strengthening standards adoption.</p> <p>Services Australia API development commenced for HPD data retrieval, progressing the shift to a modernised, scalable, and interoperable data access model.</p> <p>Five sprints of design and development completed. As-built designs and development are progressing well. The first Search API build is live in the Development environment, demonstrating delivery momentum.</p> <p>Baseline approaches for sex and gender endorsed at the Clinical Working Group; visibility requirements finalised.</p> <p>Key functional and policy decisions confirmed, reducing ambiguity and enabling consistent implementation across the program.</p> <p>Test Strategy and Test Plan drafts completed, with system test case preparation underway, establishing a structured approach to quality assurance.</p> <p>Provider engagement approach options shared and endorsed; communications planning is ongoing for both vendor and provider engagement streams.</p> <p>Impacting: clinical system developers, middleware and integration developers</p> |

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| Connected Care | Conformance Design | My Health Record Connecting Systems - Security Conformance Profile v1.0 | <p>In February 2025, the Australian Digital Health Agency (the Agency) released the My Health Record Connecting Systems Security Conformance Profile v1.0 (Security Profile), along with supporting artefacts to guide software implementation.</p> <p>A 12-month implementation period commenced on 23 February 2026 for all vendors who have existing My Health Record Conformance. Conformance with the Security Conformance Profile is required for new My Health Record Connecting Systems prior to being granted My Health Record Production Access.</p> <p><i>Impacting: clinical system developers, middleware and integration developers</i></p> |
| | Conformance Compliance | Implementer Hub | <p>***UPDATED***</p> <p>The Implementer Hub has officially launched to support software developers connecting to the Healthcare Identifiers (HI) Service and My Health Record (MHR). Since launch, a growing number of implementers have commenced onboarding through the new platform, with early feedback continuing to highlight improvements in usability, transparency, and overall developer experience.</p> <p>The Implementer Hub now serves as the Agency’s central entry point for implementers undertaking HI and MHR integrations, supporting more consistent and streamlined engagement between software developers and Agency teams. The new workflows provide improved visibility of progress and clearer hand-off points throughout onboarding, development, testing, and conformance activities.</p> <p>Work has also continued to progress readiness activities for Healthcare Information Provider Service (HIPS) onboarding within the Implementer Hub. This quarter has focused on finalising workflow design, developing supporting guidance materials, and commencing user acceptance testing (UAT) activities with internal stakeholders to validate the new HIPS onboarding and conformance journey. Engagement activities with Jurisdictions and key stakeholders have also commenced to support awareness and readiness for the future rollout.</p> <p>In parallel, planning and readiness activities for Electronic Prescribing onboarding within the Implementer Hub remain underway. This includes continued collaboration with internal teams to review onboarding requirements, supporting guidance material, and future workflow considerations to ensure alignment with evolving business and implementation needs.</p> <p><i>Impacting: clinical system developers, middleware and integration developers</i></p> |

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| Connected Care | Interoperability and Connections | Removal of the HPI-I exemptions and New MHR Clinical Document Packages to improve HPI-I compliance | <p>In June 2024 HPI-I exemptions expired. The Agency has been working with Jurisdictions and private health organisations to support them with the development of their HPI-I transition timelines.</p> <p>Effective June 2024, all jurisdictions and private organisations must have an HPI-I transition timeline, obtain a letter of exemption from the Agency, or begin uploading HPI-I to fulfill accreditation requirements set forth by the Australian Commission on Safety and Quality in Health Care. Advisory AS18/11 outlines the minimum compliance obligations for health service organisations regarding Actions 1.17 and 1.18, which pertain to progress towards implementing the My Health Record system. Exemption dates will vary depending on the organisation.</p> <p><i>Impacting: clinical system developers, middleware and integration developers</i></p> <p>***UPDATED***</p> <p>National Healthcare Interoperability Plan - Action 1.5 Review Healthcare Provider Identifier Individual (HPI-I) conformance: Review conformance requirements for using HPI-I when uploading documents to the My Health Record system, recognising that providers are at different stages of use of HPI-I.</p> <p>New MHR Clinical Document Packages are available to enhance HPI-I compliance for Jurisdictions and Private Healthcare Organisations. These packages are available for adoption and feature updated templates that ease HPI-I field requirements for external healthcare professionals, while maintaining the HPI-I requirement for internal providers employed by the organisation. The clinical documents undergoing updates include the Discharge Summary, Event Summary, Specialist Letter, and e-referral.</p> <p><i>Impacting: clinical system developers, middleware and integration developers</i></p> |

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| Customer Experience & Products | Healthcare Identifiers Service Conformance Profile | Healthcare Identifiers Service - Conformance Profile (CP) v5.1 | <p>***UPDATED***</p> <p>V5.1 is targeted for release by July 2026. New connecting systems to the HI Service will be required to implement the latest version. Initial draft of CP V5.1 has been sent for external consultation with SA and Health Feedback captured from consultation and incorporated into revision of CP V5.1 Project still expecting to deliver the latest Conformance Profile in July 202</p> <p>Impacting: clinical system developers, middleware and hospital system developers that integrate with the HI Service</p> |
| | | Healthcare Identifiers Service - Conformance Profile v5.0 | <p>v5.0 is the latest HI Service Conformance Profile, and all new connections must implement this version. New requirements for:</p> <ul style="list-style-type: none"> • using a mobile number or email address to search for an Individual Healthcare Identifier (IHI) • updating patient details in the HI Service, including mobile number, email address, additional names or date of birth. • Requiring the capability to search/validate IHI by IHI number, Medicare number and DVA number. • Requiring Medicare IRN in a Medicare number IHI search/validation in systems that have not previously passed conformance <p>Impacting: clinical system developers, middleware and hospital system developers that integrate with the HI Service</p> |
| | | Healthcare Identifiers Service - Conformance Profile - version 4.x (v4.0 and v4.1) | <p>v4.0 includes 22000 as a new requirement introduced to mitigate clinical risk:</p> <ul style="list-style-type: none"> • automatic search for an IHI in HI Service when the local patient record contains an IHI and any of the following attributes ""IHI, Medicare Card Number and/or IRN, or DVA number"" are updated locally v4.1 • updated requirements to support general supporting organisations (GSOs) • updated requirement to support pass through systems as legitimate use cases • editorial updates on many existing requirements for improved clarity and new terms in glossary <p>Impacting: clinical system developers, middleware and hospital system developers that integrate with the HI Service</p> |

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| Customer Experience & Products | Healthcare Information Provider Service (HIPS) | HIPS HealthViewer | <p>Milestone: HealthViewer SoF (SMART on FHIR) to be released 11 May 2026</p> <ul style="list-style-type: none"> • Sites using existing vendor clinical EMRs using FHIR will be able to launch HealthViewer and access MHR with minimal investment in development. • Removes the reliance on HIPS core infrastructure, such as the integration with a patient administration system, and commence the de-coupling of Health Viewer from HIPS. • Clinicians will have access to MHR information such as allergies, alerts, medications, test results at the point of care, that are not known to the facility's EMR • Clinician access is managed by the site, with Essential 8 security s integrated to ensure privacy and security. • Industry, vendor-agnostic FHIR launch capability designed for repeated use, enabling vendors to securely access HealthViewer and MHR information. <p>Impacting: clinical system developers, path and DI developers, middleware and integration developers</p> |
| | | HIPS v9.1 | <p>The solution conforms to the MHR-connected CIS security conformance profile, including additional optional requirements. It supports IHI searches using mobile, email, and single name, in compliance with the HI Service Profile v5. Furthermore, it provides a fully featured clinical admin utility (v2) that enables auditing, viewing, and tracking of report upload anomalies to the MHR, supporting Share By Default audits conducted by the Department of Health, Disability and Ageing.</p> <p>***UPDATED*** HIPS v9.1 and the IHI Microservice v1.0 was published in May 2026</p> <p>Impacting: clinical system developers, path and DI developers, middleware and integration developers</p> |
| | | HIPS v9 | <p>This HIPS release introduced support for cloud-based database hosting and includes a newly developed Clinical Admin module with both API and UI components. It meets the mandatory Connecting Systems CIS Security Conformance Profile requirements and complies with the HI Service profile version 4.0. This release delivers substantial improvements in installation and performance, while also addressing previously identified defects.</p> <p>Impacting: clinical system developers, path and DI developers, middleware and integration developers</p> |
| | | HIPS v8.3 | <p>HIPS v8.3 is a minor release that introduces significant improvements to document upload performance, new Emergency Department views, and enhanced support for uploading Discharge Summary, Event Summary, and Specialist Letter Document sub-types. This version also delivers greater resilience against temporary infrastructure errors, bolsters security posture, simplifies certificate management, allows for a mix of SHA-1 and SHA-2 certificates, and enables site-customisable user error messages.</p> <p>Impacting: clinical system developers, path and DI developers, middleware and integration developers</p> |

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| Customer Experience & Products | Other | Decommissioning of Transport Layer Security protocol versions 1.0 and 1.1 and non-compliant cipher suites | <p>***UPDATED***</p> <p>The Agency is decommissioning Transport Layer Security (TLS) protocol versions 1.0 and 1.1 to enhance the security of My Health Record services. The Agency will retire non-compliant cipher suites by 31 March 2026 to improve security. Systems using them after this date may lose connectivity or access. Stakeholders should upgrade promptly to avoid service disruption.</p> <p>Non-compliant cipher suites:</p> <ul style="list-style-type: none"> • ECDHE-RSA-AES256-SHA384 • AES256-GCM-SHA384 • ECDHE-RSA-AES128-SHA256 <p>The decommissioning of Agency-based TLS v1.0 and v1.1 was successfully completed on 1 April 2026. All stakeholders were required to transition to TLS v1.2 or above to maintain secure and uninterrupted services, and support for outdated configurations has now ended.</p> <p>Following the decommissioning, approximately 50 sites are currently unable to access MHR services due to non-compliant TLS configurations. The partnership team will engage with these sites over the coming weeks to assess their current state and support their transition to a compliant security posture.</p> <p>In addition, a communication will be issued to all software vendors by the end of June 2026 outlining the upcoming enablement of TLS v1.3, ensuring vendors are informed and prepared for future security enhancements.</p> <p><i>Impacting: developers managing secure integrations, APIs, and infrastructure</i></p> |
| National Program Delivery | Medicines Safety Program | National Medicines Record | <p>***UPDATED***</p> <p>Work progressed to prepare the National Medicines Record (NMR) consultation paper, drawing on insights from the Curated Medicines List discovery and gap analysis to inform the proposed design direction.</p> <p>This includes incorporation of identified medicines safety gaps, stakeholder feedback, and defined business and information requirements to guide scope, priorities, and design considerations for the NMR. The consultation paper will be used to validate assumptions and inform the next phase of detailed NMR design.</p> |

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| National Program Delivery | Medicines Safety Program | Electronic Prescribing | <p>***UPDATED***</p> <p>The Electronic Prescribing program is progressing work across three key streams of work: technical framework modernisation, sunsetting of legacy EP conformance profiles and EP implementation in public hospitals. Together, these streams enable a safe, scalable and connected national digital medicines ecosystem.</p> <p>Key updates include significant uplift of the Electronic Prescribing technical framework, which comprises of updated Conformance Profiles (v4.0), Solution Architecture, and Conformance Assessment Scheme. The updated Conformance Profiles v4.0 has been informed by strong national engagement, with around 2,500 submissions from more than 25 organisations and targeted consultation activities, including a multi-stakeholder workshop. Ongoing collaboration with the National Electronic Prescribing Technical Working Group (NEPTWG) is ensuring stakeholder feedback is incorporated. Work continues to support the National Electronic Medication Chart Framework and progressing a technical review of the broader digital medicines ecosystem.</p> <p>Extensive engagement has been undertaken to help affected vendors progress sunsetting Electronic Prescribing Conformance Profile v2.3 (CPv2.3) and the transition to eRx's RESTful API:</p> <ul style="list-style-type: none"> • 30 September 2026 for conformance assessment • 31 March 2027 for implementation <p>Vendors are encouraged to complete development and progress conformance to meet the required timelines.</p> <p>Work is progressing on EP implementation in Public Hospitals, noting the high level NEPIM business requirements have been developed. Detailed planning and development of technical solution and architecture will continue in FY26-27, with a release targeted within 6-12 months.</p> <p>Impacting: Electronic Prescribing developers</p> |

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| National Program Delivery | My Health Record Expansion and Use | Comprehensive Health Assessment Program (CHAP) Smartform | <p>***UPDATED***</p> <p>The CHAP smartform is now available for integration into GP clinical information systems. Impacting: General Practice Management developers</p> |
| | | Requirement to upload Pathology and Diagnostic Imaging reports by default | <p>***UPDATED***</p> <p>From 1 July 2026, reports authored by a pathologist or radiologist must be uploaded to My Health Record by default, unless an exception applies or an extension of time to comply has been granted.</p> <p>Further information about the scope of the Share by Default requirements, along with a range of guidance materials are available on the Agency's website. The Agency is continuing to work with a number of software vendors that are undertaking software conformance activities to enable the upload of pathology and/or diagnostic imaging reports. In addition, engagement with healthcare providers is ongoing, including provision of support to register, understand requirements and identify available software options.</p> <p>Where a healthcare provider has a genuine reason that they will not be able to comply with the Share by Default requirements by 1 July 2026, they can request an extension of time. Applications are assessed on a case by case basis. Impacting: Path/DI providers and supporting software developers</p> |
| | Aged Care Program | Aged Care B2G Gateway Conformance Service | <p>The Agency is collaborating with the Department of Health, Disability and Ageing to deliver improvements to the Aged Care sector, in line with recommendations made by the Royal Commission into Aged Care Quality and Safety (Recommendation 109). The Department has developed the B2G Gateway system to facilitate the efficient exchange of information with the government. The Agency is responsible for the establishment and operation of this Scheme. In administering this Scheme, the Agency delivers a conformance service that seeks to ensure the safe and secure use of the B2G Gateway system by all participating software products and systems, through conformance assessment against the B2G Gateway systems, by June 2026.</p> <p>Participated to Department-led Client APIs Co-Design Session with developers followed by the release of complete set of draft B2G documentation for industry review. Impacting: Aged Care developers</p> |
| | | Aged Care Standards | <p>***UPDATED***</p> <p>New General Practitioner Clinical Information Software (GP CIS) Standards and a Clinical Note Document have been released. Work has continued to progress with DHDA with all deliverables for 2026 on track for delivery. Impacting: Aged Care developers</p> |

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| National Program Delivery | Aged Care Program | Second Aged Care Industry Offer | <p>***UPDATED*** All 13 vendors have deployed their conformant system to their customers.</p> <p>A combined total of 3200+ documents have been uploaded to My Health Record through the Residential Care Transfer Summary (RCTS) mechanism by Residential Aged Care Homes (RACHs), including 771 Residential Care Transfer Reasons (as of 31 Dec 2025). This functionality was first available within RACHs in April 2025.</p> <p><i>Impacting: Aged Care developers</i></p> |
| | Allied Health | Allied Health Industry Offer | <p>***UPDATED*** Conformance milestone deliverables have been shifted to accommodate, unexpected delays in solution design and product build.</p> <p>3 vendors are expected to finalise connection in FY25/26 and the remainder completing connection from Oct 2026 to Feb 2027.</p> <p>14 vendors progressing HI integration 15 vendors progressing MHR integration 12 vendors delivering e-Prescribing functionality</p> <p><i>Impacting: Allied Health developers</i></p> |

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| National Program Delivery | Other | Real Time Prescription Monitoring (RTPM) | <p>***UPDATED***</p> <p>Development has been completed on a minimal viable product version of the functionality that will enable the registration of "non-standard" practitioners. This is due to be piloted with a small cohort of paramedics in VIC in mid-2026.</p> <p>Work is on track to produce a report in mid-2026 outlining the preferred technical option for delivering a minimally viable version of cross-border data sharing functionality.</p> |
| | | Provider Connect Australia (PCA) Engagement and Adoption | <p>***UPDATED***</p> <p>Contracts:</p> <ul style="list-style-type: none"> • Primary Health Network (PHN) contract (focused on GP registrations) has seen all 31 PHNs deliver their first deliverable and the majority have now completed their second deliverable providing good insights in GP business partner priorities. • PCA Allied health professions Australia (AHPA) 25/26 contract variation has focused on PCA discovery work with key Allied Health professions) executed 24/12/25. The workshops have highlighted the variety of digital maturity and differences in potential PCA business partners for different AH sectors. |
| | | Provider Connect Australia (PCA) Product Delivery | <p>***UPDATED***</p> <p>PCA Release 26.1.0 was deployed on 26 May, marking another strong milestone for the platform. This release focused on simplifying the way healthcare provider information is shared with PCA business partners, while enabling even tighter integration with the National Health Services Directory.</p> <p>Alongside these enhancements, the team has been progressing important back end work to support Health Connect Australia, laying the foundation for bigger improvements to come for the directory.</p> |
| Informatics and Standards | Standards | General Practitioner Clinical Information System Standards | <p>***UPDATED***</p> <p>The Agency released a new suite of resources to strengthen digital capability, quality, and interoperability across aged care and primary care settings. The publication of the new General Practitioner Clinical Information Software (GP CIS) Standards and Clinical Note Document. In combination with the Aged Care Clinical Information System (ACCIS) Standards, these recommended minimum software requirements describe what clinical information systems should support in the context of residential aged care homes and by GPs supporting older people living in aged care.</p> <p><i>Impacting: General Practice Management developers</i></p> |