Conformance and Assurance Industry Forum

4 November 2026

Australian Government
Australian Digital Health Agency

Opening and acknowledgement of country

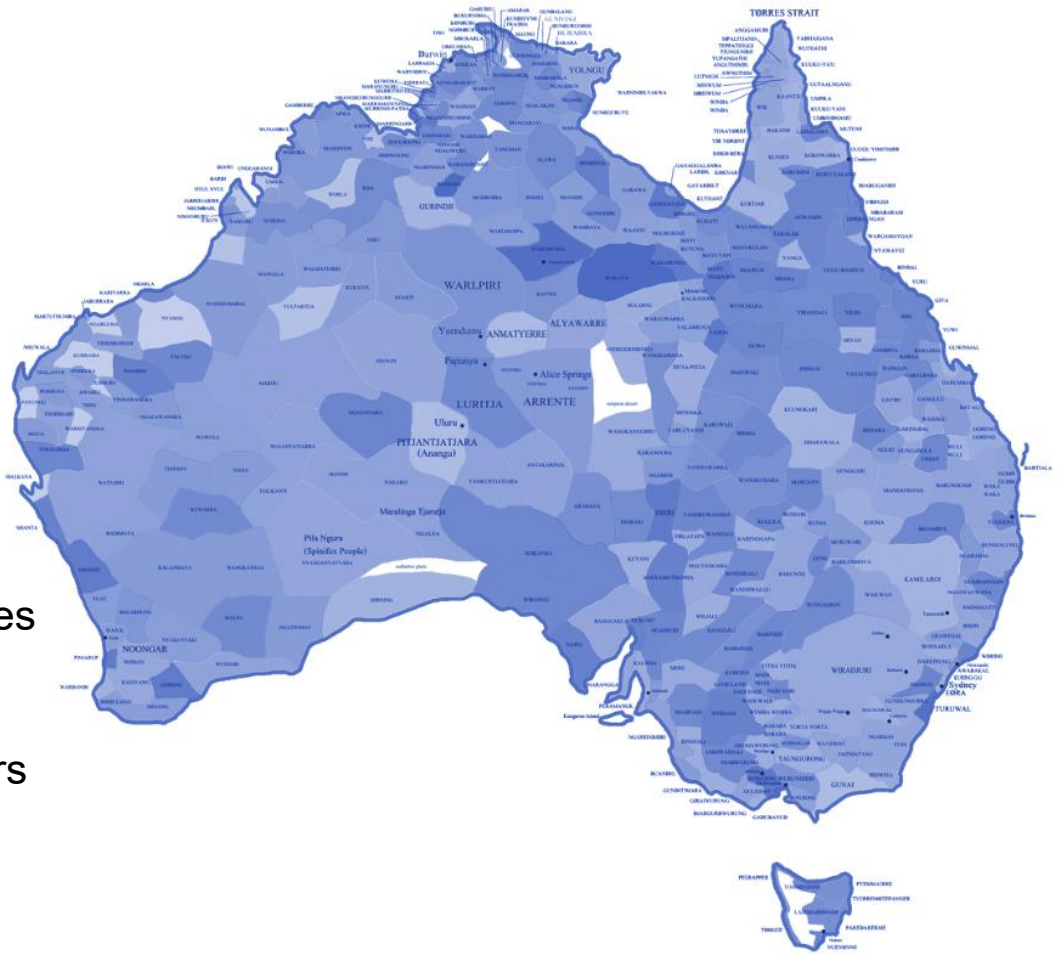
Peter O’Halloran, Chief Digital Officer

Acknowledgement of Country.





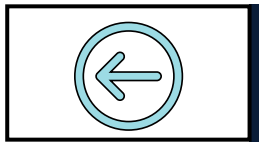
The Australian Digital Health Agency acknowledges the Traditional Custodians of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to Elders past and present.

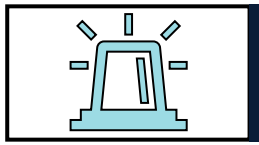


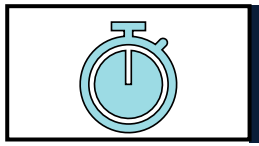
Housekeeping and Agenda

Caitlin Sands, Director Conformance Design

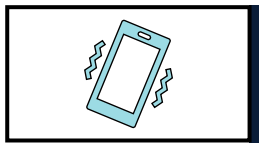
Housekeeping


Bathrooms


Emergency exits


Breaks


Refreshment area


Device free zone

Agenda

Item #	Time	Topic	Facilitator
1	9.30 -9.50	Opening and acknowledgement of country Meeting Purpose, Frequency and Expectations	Peter O'Halloran Caitlin Sands
2	9.50 -10.00	Communications approach • Facilitated discussion	Caitlin Sands
3	10:00-11:00	Conformance Work Update: • Patient Medicines History API and Patient Medicines History Connecting System Conformance Profile • Child Health Record • Healthcare Identifiers Service • Health Connect Australia Provider Directory • Electronic Prescribing Conformance Profile v4.0 • Out of cycle conformance release • Enterprise requirements and implementation plan • Roadmap for Conformance Assessment Schemes • Q&A	Caitlin Sands
4	11:00-11:15	Break	All
5	11:15-12:00	Modular approach and implementation plan • Current state v future state • My Health Record Uplift • CDA – FHIR transition plan for conformance • Facilitated discussion	Caitlin Sands and Yuki Yu
6	12:00-12:30	Child Health Record • Facilitated discussion	Clara Lubbers

Agenda

Item #	Time	Topic	Facilitator
7	12:30-1:15	Lunch	All
8	1:15-1:45	Transition of Conformance Test Specifications to Gherkin Feature Files • Facilitated discussion	Caitlin Sands
9	1:45-2:05	National Medicines Record • Facilitated discussion	Vandana Chandnani
10	2:05-2:30	Roadmap for Electronic Prescribing • Summary of Feedback CP v4.0 • Implementation plan of CP v4.0 • Known work for EP CP v5.0 • Facilitated discussion	Charlotte Sandell and Hayley Smilie
11	2:30-2:45	Break	All
12	2:45-3:15	Overall Sunsetting Plan (MHR, HI, EP, CDA, FHIR, Security) • Update on the current sunsetting process • Case management process • Facilitated discussion	Caitlin Sands/Brad McCulloch
13	3:15- 4:00	General Q&A	Caitlin Sands
14	4.00-4:30	Next Meeting Key Takeaways and actions	Caitlin Sands

Meeting Purpose, Frequency and Expectations

Caitlin Sands, Director Conformance Design

Australian Government
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Meeting Purpose

Keeping industry informed, engaged, and prepared for what lies ahead

Purpose of Industry Day

Industry Day is a regular forum designed to:

- Share updates on current initiatives and priorities
- Discuss emerging risks and changing risk profiles
- Provide visibility of planned activities and future direction
- Gather industry insights and feedback
- Strengthen collaboration and transparency across the sector

Together, we can build a shared understanding of the environment we operate in and work proactively to address emerging challenges.



Quarterly Conformance and Assurance Advisory Forum

A collaborative forum between the Agency, industry, jurisdictions, providers, and organisations that meets quarterly to identify emerging conformance risks, inform requirements, and provide strategic advice on conformance and assurance outcomes.

Key dates

4 November 2026

Scheduled to coincide with MSIA Summit (Sydney Thurs 5th)

March 2027

Will be scheduled to coincide Australian Healthcare Week (Sydney (Wed 17th – Thurs 18th)

May 2027

Will be scheduled to coincide Digital Health Festival (Melbourne Wed 19th – Thurs 20th)

August 2027

Will be scheduled following the Health Innovation Community (Brisbane Mon 2nd – Tues 3rd)

Expectations

Turning insights into action through regular engagement and open dialogue.

- Participate actively and share your perspectives.
- Contribute insights on emerging risks, trends, and operational challenges.
- Help shape future Industry Day topics and discussions.
- Seek clarification on areas of interest or concern.
- Foster open dialogue and collaboration across the ecosystem.



Communication Approach

Caitlin Sands, Director Conformance Design

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Key forums for communication

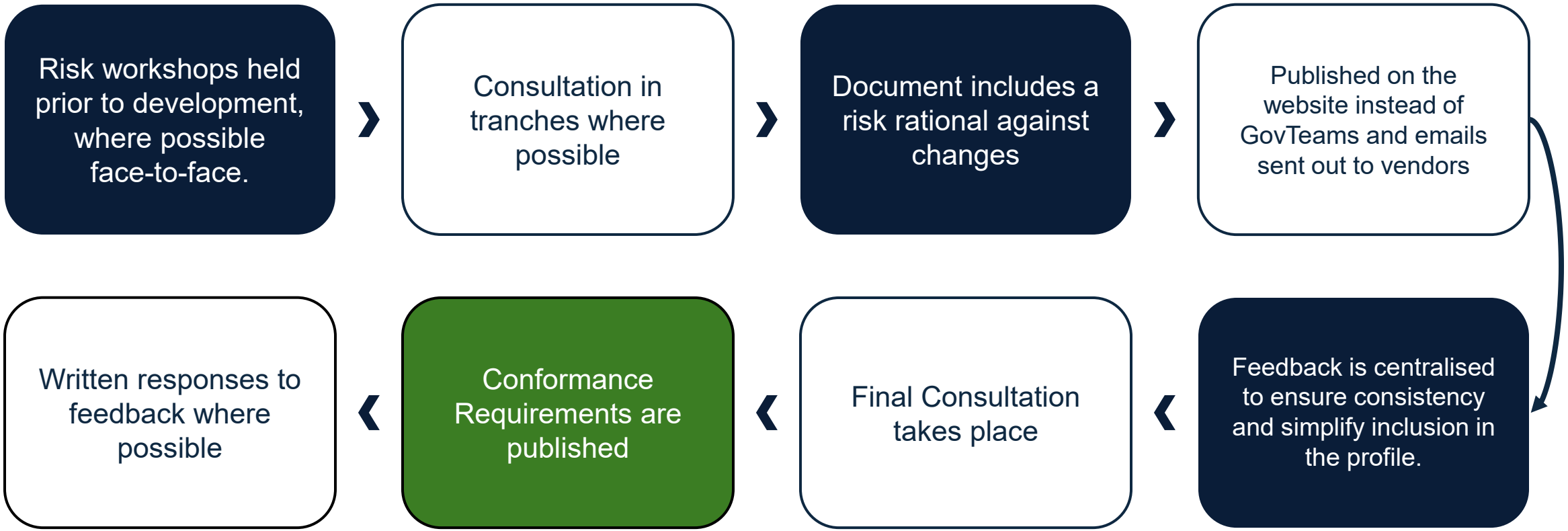
When	Forums	Location
Weekly	Medical Software Industry Association (MSIA) Newsletter	Email
Fortnightly (currently ad hoc)	National Electronic Prescribing Technical Working Group	Virtual meeting
Monthly	ADHA & Medical Software Industry Association (MSIA) Q&A Meeting	Virtual meeting
	EP Peaks and Partners	Virtual meeting
	Medical Technology Association of Australia (MTAA) Newsletter	Email
Every 6 weeks	Partnership Pulse Newsletter	Email
Quarterly	Conformance and Assurance Industry Forum	Face to Face
	IDMO Quarterly Software Developer Information Session – Services Australia, DoHDA, ADHA, Software industry	Virtual meeting
	IDMO Quarterly Software Developer Newsletter	Email
As required	Project webinars, workshops, email communication	Virtual meeting, email

Are there any additional ways you would like to engage with us or receive updates?

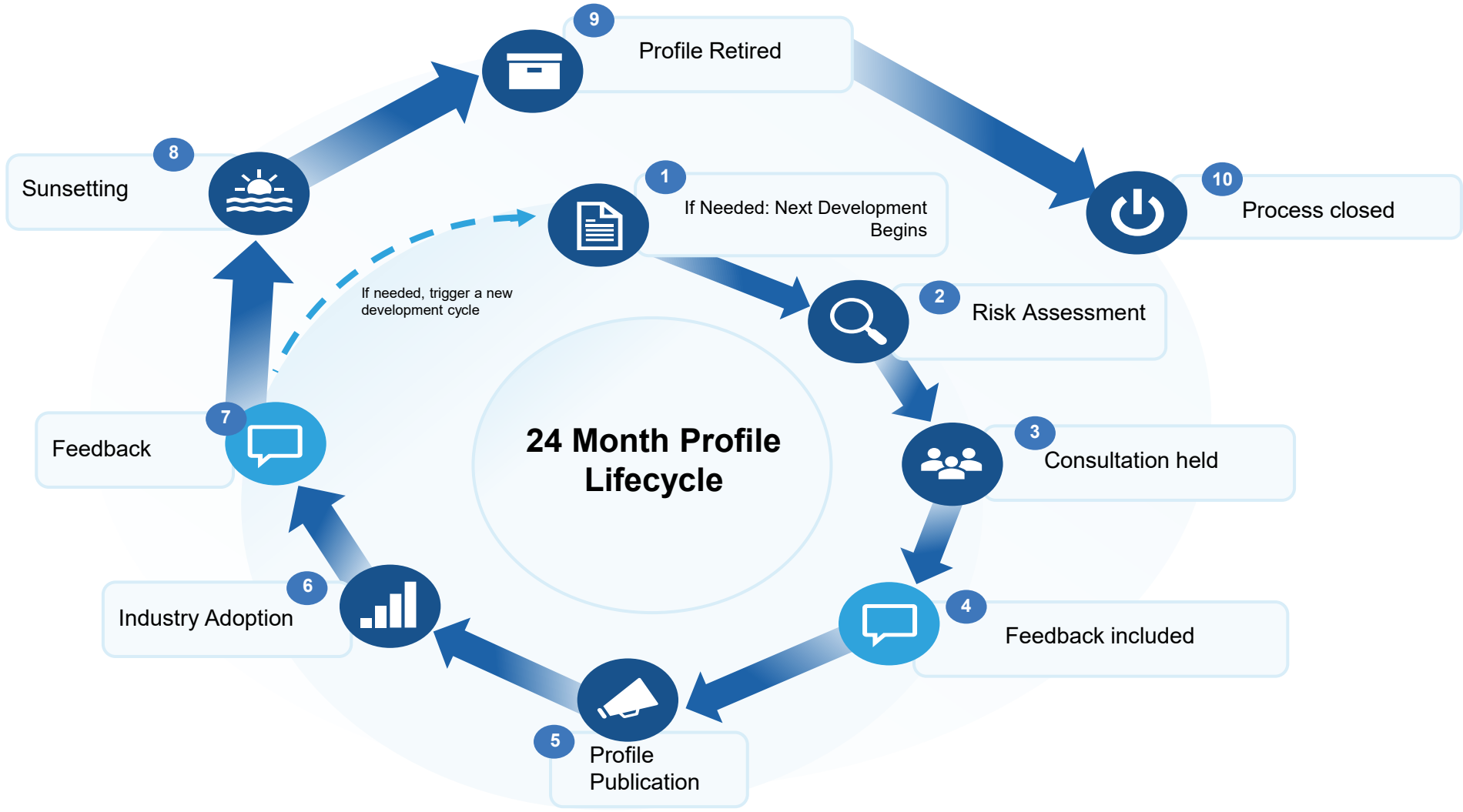
- Newsletters
- Drop in sessions
- Communities
- Targeted updates on topics
- Open forums



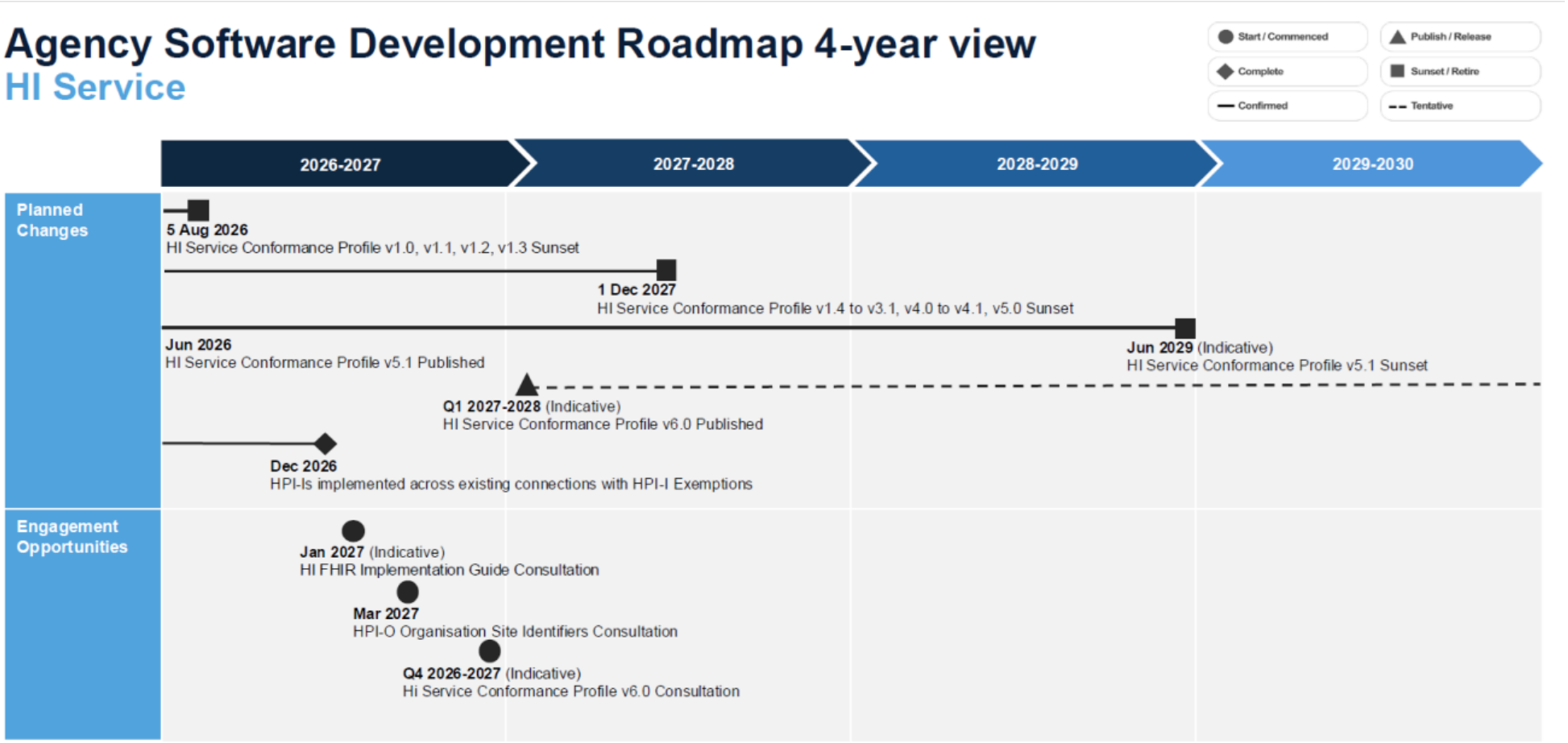
Conformance requirement development & consultation



Lifecycle of conformance

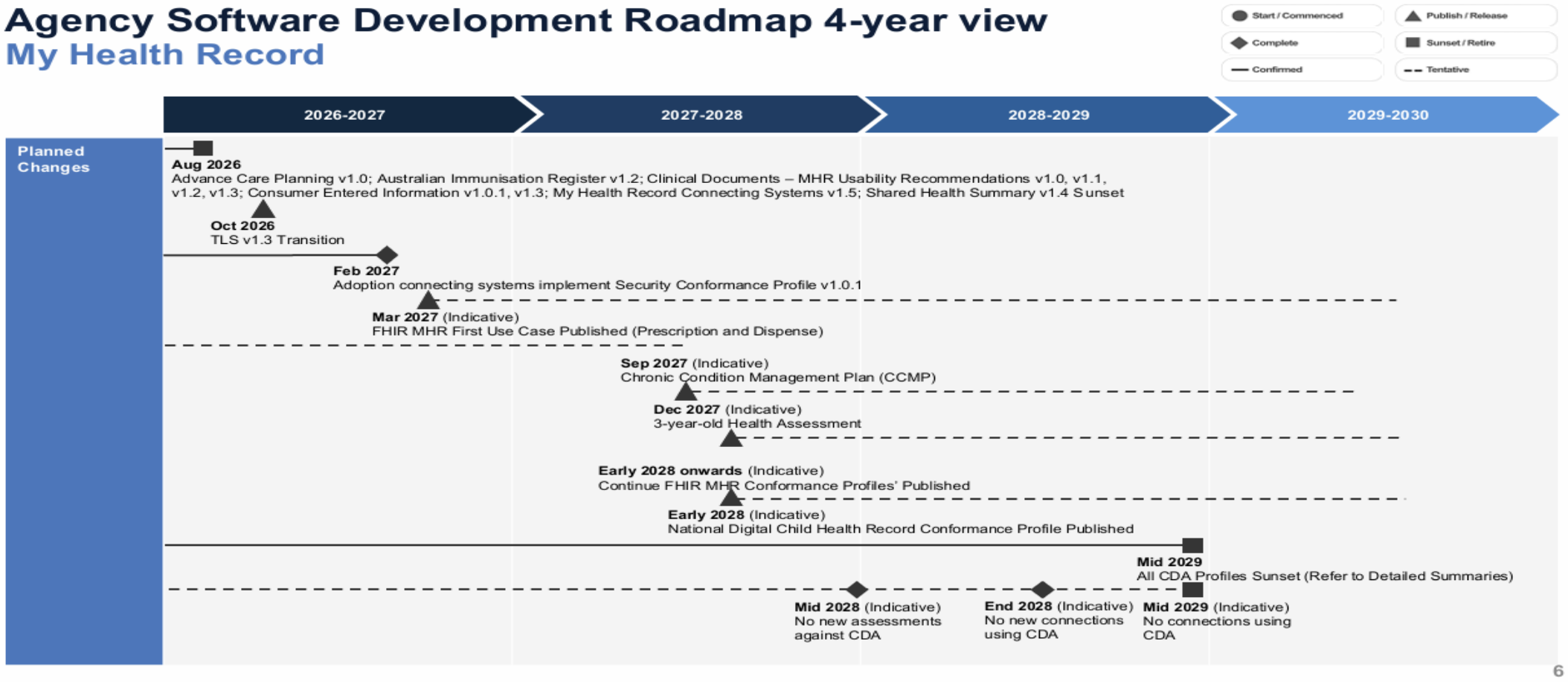


Software Developer Roadmap - HI



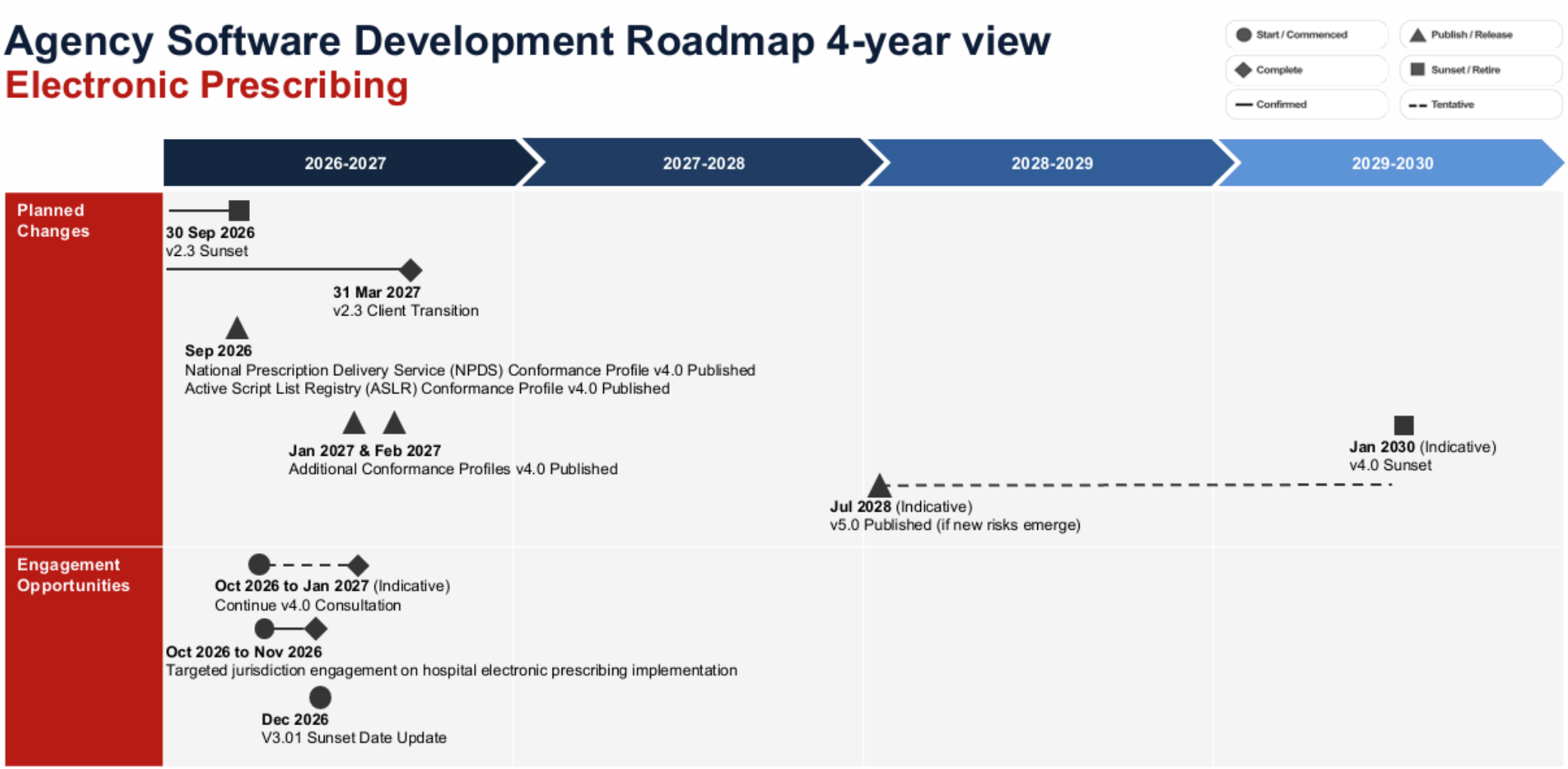
Link: [Software Developer Roadmaps | Digital Health Implementer Hub]

Software Developer Roadmap - MHR



Link: [Software Developer Roadmaps | Digital Health Implementer Hub]

Software Developer Roadmap - EP



Link: [Software Developer Roadmaps | Digital Health Implementer Hub]

Discussion



Current Work Update

Caitlin Sands, Director Conformance Design

Australian Government
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Patient Medicines History (PMH) API & PMH Connecting System Conformance Profile

Australian Government
Australian Digital Health Agency

Patient Medicines History API (PMH API)& PMH Connecting System

PMH API

- PMH API Conformance Profile — **Published 6 Oct 2026**
- PMH API Conformance Test Specification (CTS) — **To be published Nov 2026**
- NPDS is the only user of this profile

PMH Connecting System

- PMH Connecting Systems Conformance Profile — **To be published 30 Nov 2026**
- PMH Connecting Systems CTS in feature files — **To be published 2 weeks after CP**
- Two Vendor Risk Workshops — **Oct 2026**
- Profile out for review — **Week starting 9 Nov 2026**

Discussion



Healthcare Identifiers Service

Healthcare Identifiers Service Conformance Profile v6.0

2026-2027

- The next release of the HI Service Conformance Profile v6.0 will support the Child Health Record initiative and Healthcare Identifiers Roadmap under the National Healthcare Interoperability Plan 2023-2028.

- The scope of v6.0 will contribute to the following Healthcare Identifiers Roadmap activities:
  - HIA-5: HI use in consumer applications
  - HIA-10: IHI for newborns

- Planning and discovery activities are underway to support the development of Conformance Profile v6.0.

- Publication of Conformance Profile v6.0 is currently targeted for late 2027.

Key scope areas for Conformance Profile v6.0

Version 6.0 is intended to include updates to support:

- Registration of IHIs for newborns using FHIR, supporting the Child Health Record initiative.
- IHI search functionality using FHIR.
- Access to the Healthcare Identifiers Service by Health Technology Providers (HTPs), supporting new authorisations under the Healthcare Identifiers Act from February 2027.
- Removal of conformance requirements for Healthcare Provider Directory (HPD) webservices and other webservices being decommissioned (provisional and unverified).
- Enhancements to existing conformance requirements to improve clarity.

Discussion



Health Connect Australia Provider Directory

Australian Government
Australian Digital Health Agency

Health Connect Australia Provider Directory Conformance

Current Status

- New Conformance Profile and associated test specifications are being developed for the Provider Directory.
- Internal and industry consultation on the draft Conformance Profile has been completed. Feedback is currently being reviewed and incorporated into the baseline version.
- The draft Conformance Test Specification and associated Gherkin feature files are currently being developed.
- The Provider Directory Conformance Assessment Scheme is currently being reviewed.
- Proposed conformance process was presented via MSIA Workshop in September 2026.

Next steps

- Share the updated Conformance Profile including responses to industry feedback.
- Commence industry consultation on the draft Conformance Test Specification and Gherkin feature files.
- Stakeholders will be invited to provide feedback using the supplied feedback template.

Conformance Profile Overview

Business Use Cases

The Provider Directory Conformance Profile focuses on two key integration patterns.

UC.5 – Real-Time Search

Search provider, organisation and service information in real time.

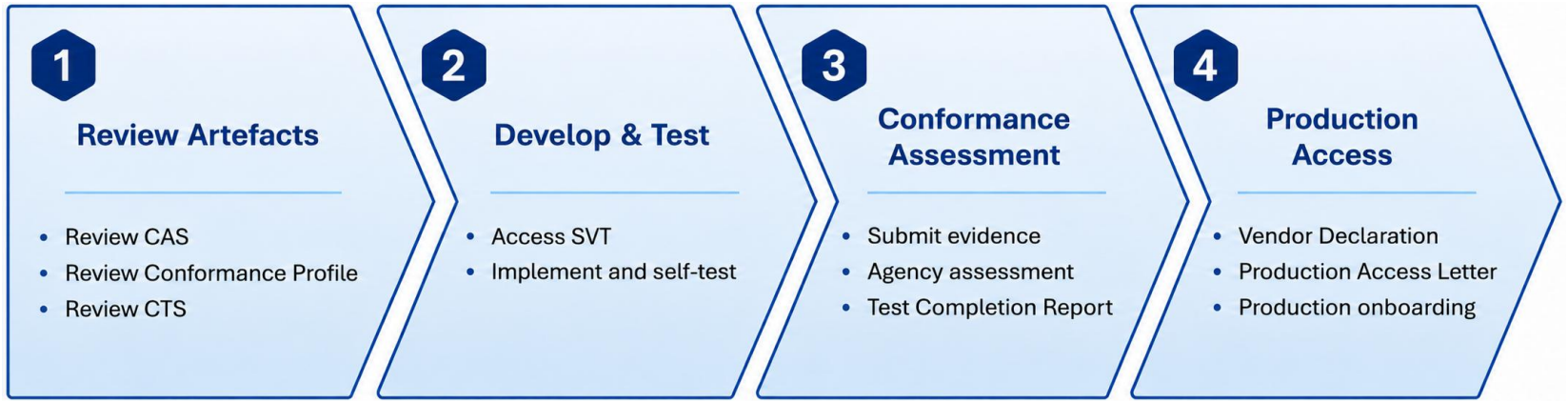
UC.10 – Bulk Data Extract

Maintain a local copy of Provider Directory information using bulk exports.

Proposed Conformance Process

1. Review Artefacts

- Conformance Assessment Scheme
- Conformance Profile
- Conformance Test Specification and feature files



2. Develop & Test

- Access Software Vendor Test (SVT) environment
- Implement and test functionality

3. Conformance Assessment

- Submit self-assessment artefacts and evidence
- **Observed assessment** conducted by the Agency
- Test Completion Report issued

4. Production Access

- Vendor declaration completed
- Production Access Letter issued
- Production onboarding commences

Discussion



Electronic Prescribing Conformance Profile v4.0

Australian Government
Australian Digital Health Agency

Publication schedule

Publication by 30 September 2026

- NPDS/ASLR Conformance Profile v4.0
- EP Solution Architecture v4.0, and
- EP Conformance Assessment Scheme v3.0

No change to current timelines

Publication by 30 January 2027

- General Electronic Prescribing Systems
- Dispensing Systems
- Consumer-Facing Connecting Systems Conformance Profiles v4.0

*The CPv4.0 suite is expected to **incorporate enterprise conformance assessment approach.**

Change of publication timelines from 30 September 2026 to 30 January 2027
Change of the scope for CPv4.0 to include enterprise conformance assessment approach

Publication by April 2027

- Electronic Medication Chart Systems Conformance Profile v4.0

* subject to finalisation of the NEMCF legislative and policy package

Change of estimated publication timelines from December 2026 to April 2027

Conformance Profiles - optimised approach to tranches

Tranche 1

Released end of August 2026 for NEPTWG review

Consumer-Facing Connecting Systems Conformance Profile v4.0

Tranche 2

Released mid-September 2026 for NEPTWG review

Dispensing Systems Conformance Profile v4.0

Tranche 3

Released mid/end-October 2026 for NEPTWG review

General Electronic Prescribing Systems Conformance Profile v4.0

Tranche 4

Released early 2027 for NEPTWG review

Electronic Medication Chart Systems Conformance Profile v4.0

2027

January

Publication of Conformance Profiles v4.0:

- General Electronic Prescribing Systems
- Dispensing Systems
- Consumer-Facing Connecting Systems

April

Publication of Conformance Profile v4.0:

- Electronic Medication Chart Systems

Discussion



Out of cycle conformance

Caitlin Sands, Director Conformance Design

Australian Government
Australian Digital Health Agency

Out of Cycle

Why are Out-of-Cycle Requirements Needed?

Occasionally, significant risks emerge that cannot wait for the normal Conformance requirement review cycle. To ensure the ongoing safety, security, and integrity of national digital health infrastructure, the Agency proposes a mechanism for introducing targeted conformance requirements outside the standard release schedule.

When Would an Out-of-Cycle Requirement Be Issued?

An Out-of-Cycle Requirement would only be considered where:

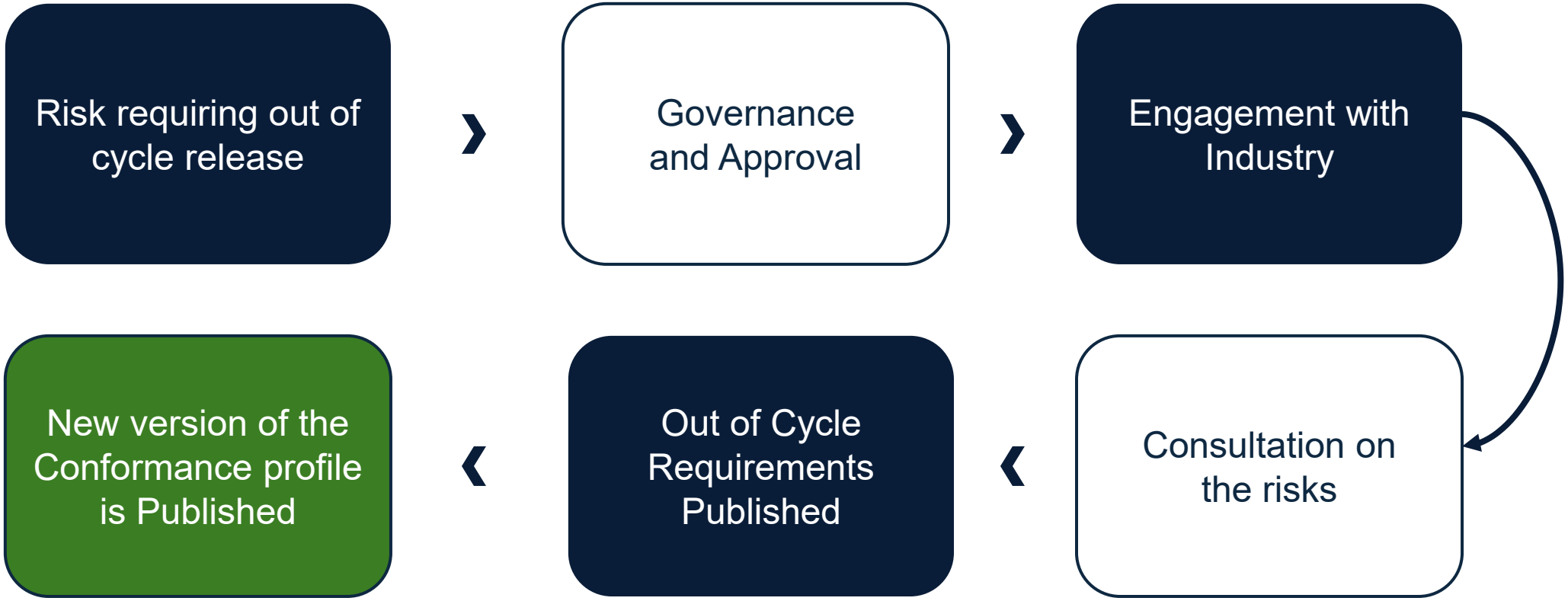
- A risk is assessed as **High or above** by relevant Agency disciplines (Clinical, Legal, Privacy, Cyber Security, Architecture, Informatics & Standards, Product Management, or Policy)
- A risk assessment determines the issue requires **immediate management** and cannot be addressed through the normal conformance backlog process
- No alternative controls or mitigation mechanisms are available to adequately manage the risk

Out of cycle requirement

"There may be identified issues or risks the Agency evaluates as exceeding the Agency's risk appetite in accordance with the Agency's Clinical Governance Framework and the Agency's Conformance Framework (for example, issues or risks pertaining to clinical safety or security). To mitigate those issues or risks, the Agency may release an out of cycle Conformance Profile and establish or agree with software vendors on accelerated conformance timeframes."



Out of cycle release process



Discussion

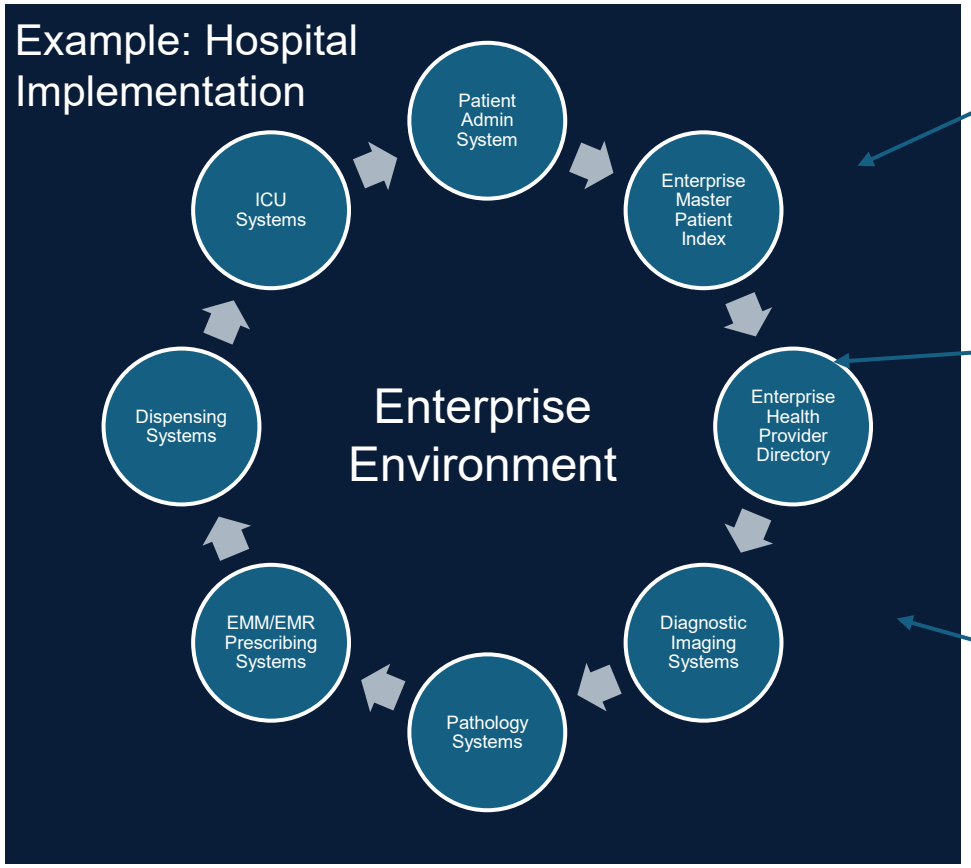


Break

11:10 – 11:30 am

Enterprise requirements and implementation plan (Alternative Conformance Assessment Pathway)

What does an Enterprise Environment look like for Conformance?



Multiple software systems and services

Integration between all

Collectively provide end-to-end healthcare capabilities

Alternative Conformance Assessment Pathway

- Certain identified requirements may qualify for assessment through an approved Alternative Conformance Assessment Pathway.
- The enterprise ecosystem, including its components and integrated services, must collectively satisfy the applicable conformance requirements.

Changes to the conformance artefacts

Conformance Assessment Scheme (CAS)



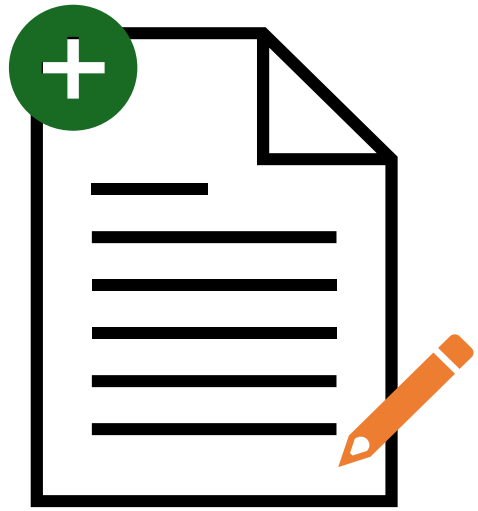
Inclusion of reference to the Alternative Conformance Assessment Pathway

Conformance Profiles (CP)



No Change

Conformance Profile Annexure



Inclusion of Requirement Reference IDs applicable to the Alternative Conformance Assessment Pathway

Proposed Enterprise wordings for CAS

DRAFT

“The Conformance Profiles are supported by a Conformance Profile Annexure, outlining the conformance requirements that system vendors may meet via an alternative conformance assessment pathway. This is to support systems operating in enterprise environments, which may rely on other software components to meet the conformance requirements written in the Conformance Profiles and collectively mitigate the identified risks.”



Conformance Assessment Process

Follow these steps to submit evidence for conformance assessment.

1 Determine the assessment pathway

Identify which pathway applies to your solution or feature.

- **Standard pathway**
- **Configuration controlled pathway**
- **Alternative assessment pathway**

2 Develop and Test

Build and test your solution in line with the appropriate pathway.

- Develop and configure as required
- Build and test
- Prepare supporting evidence

3 Submit Evidence

Submit your evidence package for assessment.

- Conformance Test Summary Report
- Submit evidence
- Implementation details (if required)
- Complete Declaration Form

4 Assessment

Our conformance team reviews your submission against the requirements.

- If the evidence meets requirements, recommendation for approval is made.
- More information will be requested, if needed

5 Outcome and registration

We will notify you of the outcome.

- Approved assessments are recorded in the conformance register.
- If changes are required, we will provide feedback on next steps.

Want to be a part of the conversation?

We're inviting industry stakeholders to participate in the upcoming Enterprise consultation and provide feedback on the proposed approach.

- ✓ Stay informed
- ✓ Contribute your perspective
- ✓ Help shape future direction

Register your interest via the QR code

Consultation anticipated: Late November 2026



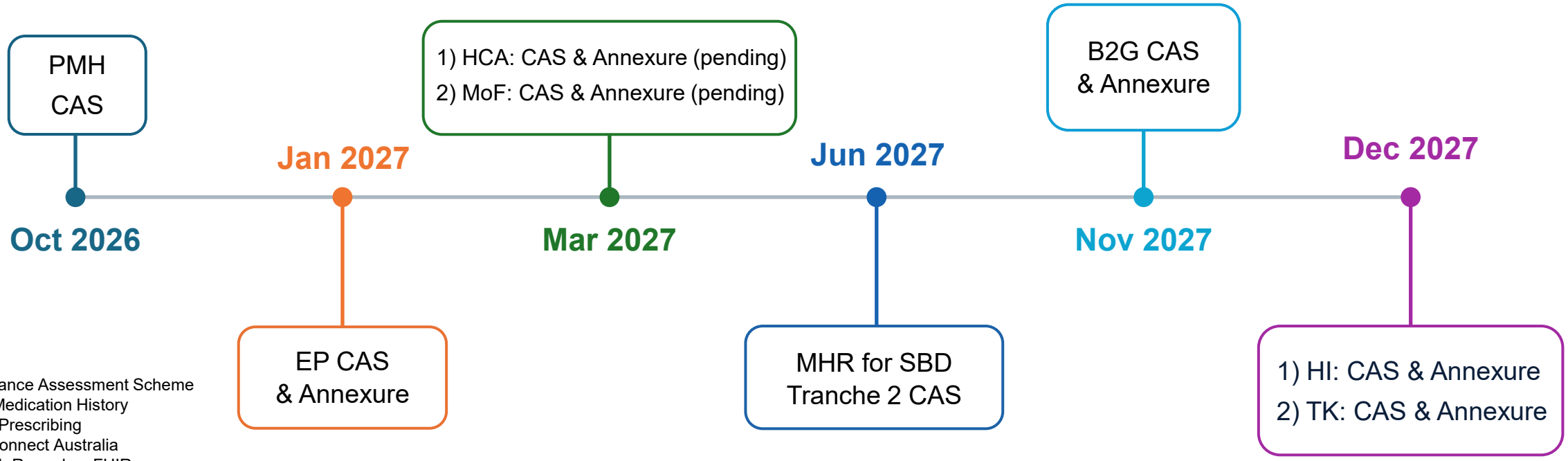
Discussion



Roadmap for Conformance Assessment Scheme (CAS)

CAS timeline: Out-of-cycle conformance, sunsetting and enterprise processes

Milestones for 2026-2027



Key:
CAS – Conformance Assessment Scheme
PMH – Patient Medication History
EP – Electronic Prescribing
HCA – Health Connect Australia
MoF – My Health Record on FHIR
SBD – Share by Default
B2G – Business to Government
HI – Healthcare Identifier Service
TK - Thriving Kids

*The above dates are indicative and are subject to change

Is there any questions or concerns around anything we are working on we haven’t discussed yet?



Modular approach update

Caitlin Sands, Director Conformance Design

Australian Government
Australian Digital Health Agency

Recap: Why Modular Conformance?

Strategic Opportunity

Establish a modular conformance framework where common capabilities are defined once and reused across products.

Duplication

Requirements and supporting artefacts are developed separately across products

Inconsistency

Similar risks can be addressed through different controls, implementation and interpretation

Limited Reuse

Vendors may need to demonstrate conformance of the same controls repeatedly across products.

Fragmented Traceability

Links between risks, controls, tests and evidence are not consistently maintained

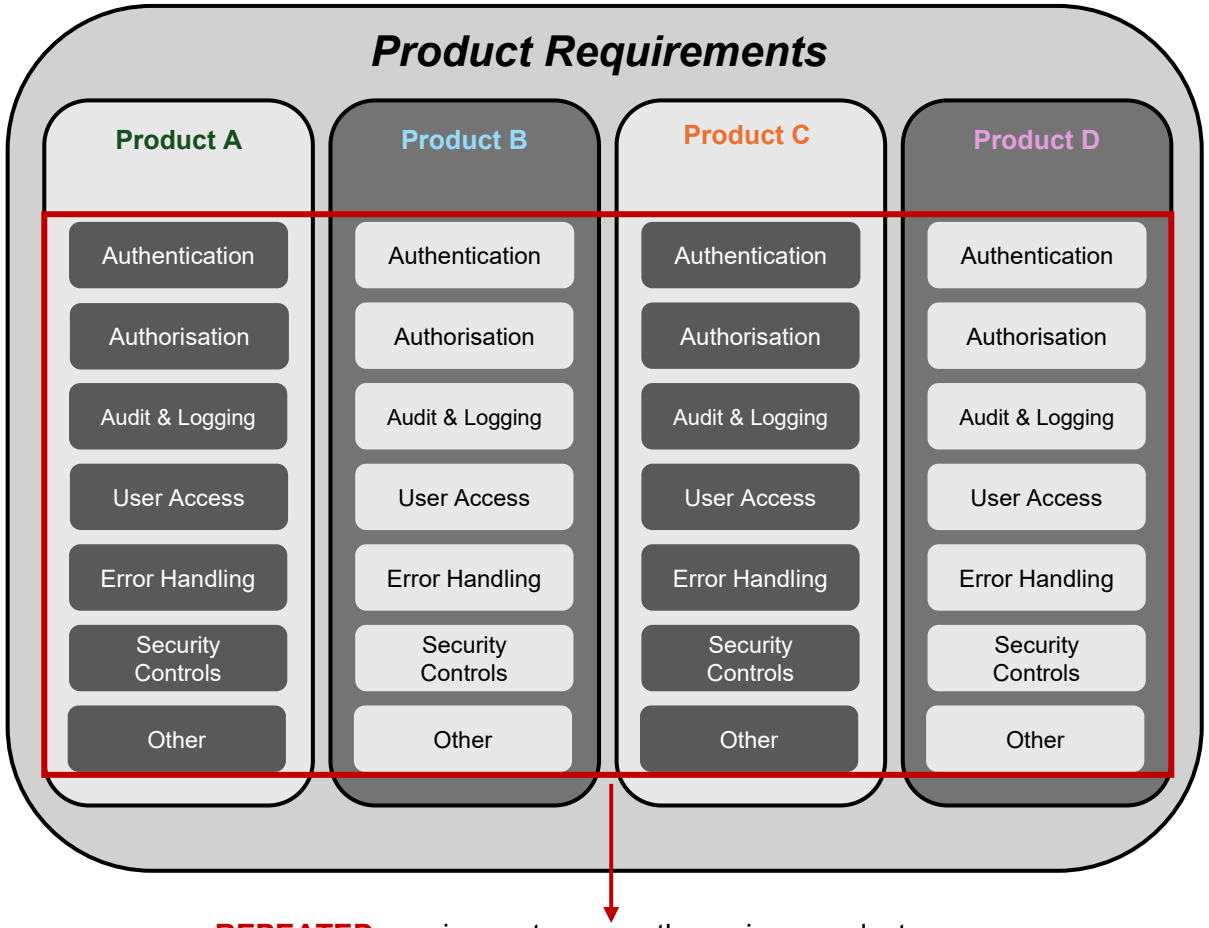
Maintenance Overhead

Changes can require updates across multiple products and artefacts

Scalability Constraints

Growing programmes and reforms are increasing pressure on the current model

Current State



REPEATED requirements across the various products

Vendors have to **reconform/re-test** to the same requirement **several** times if they want to connect to more than one product

Repeated Implementation — Common controls may need to be implemented or mapped separately for each product

Repeated Assessment — The same capability and supporting evidence may be reviewed multiple times

More artefacts to maintain — Updates must be reflected across separate product profiles, test specs and evidence sets

Increased effort with each connection — Conformance effort grows as vendors connect to additional products

Limited Portability — Conformance outcomes achieved for one product are not routinely reusable for another

Future State

All common requirements are consolidated into the **ONE** profile

Vendors will only have to conform and test these common requirements **ONCE**

Foundational Profile

- Authentication
- Authorisation
- Audit & Logging
- User Access
- Error Handling
- Security Controls
- Other

Define Once
Test Once
Reuse across products

Conformance to the **HI-Service** is a pre-requisite for connection to some of the Agency products

Shared Capability Building Blocks

HI

Product Specific Requirements

- *My Health Record*
- *Electronic Prescribing*
- *Patient Medication History*
- *Health Connect Australia*
- *Other Products*

COMMON
Define Shared Requirements once

SELECT
Add only the modules that apply to your product

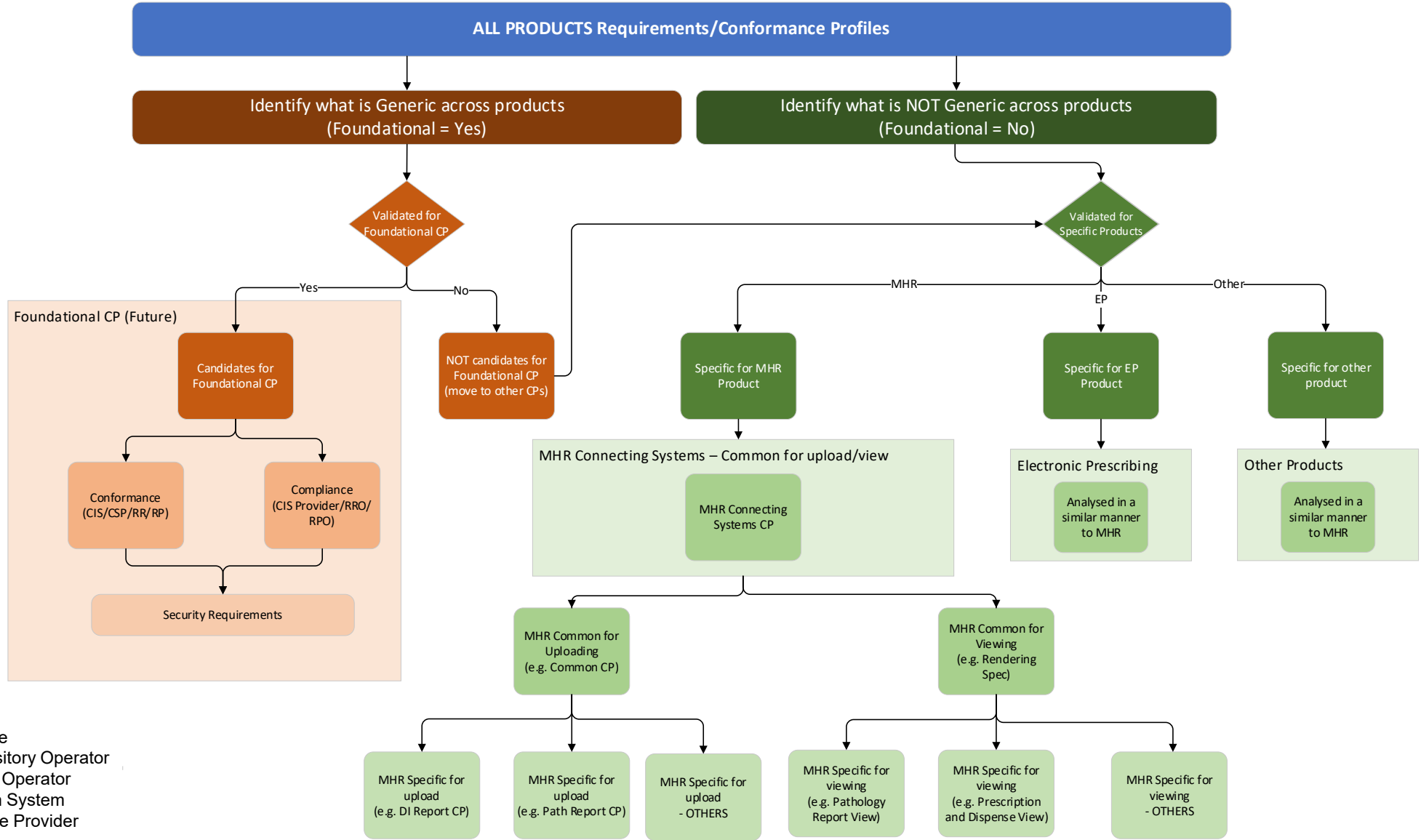
REUSE
Reuse applicable assessment and evidence

UPDATE ONCE
Reuse applicable assessment and evidence

Less duplication, greater consistency. Simpler conformance

- Contains only the requirements that are unique to each product
- Builds on the foundational profile and shared capability building blocks
- Enables targeted assessment without repeating common conformance activities

Approach to strengthening risk management in a modular conformance model



Key:
CP – Conformance Profile
RRO – Registered Repository Operator
RPO – Registered Portal Operator
CIS – Clinical Information System
CSP – Contracted Service Provider

Progress since August: Analysis into design

How the analysis process is undertaken by the Agency

We are here

01 Foundation
Collate requirements
Combine documented requirements and published Conformance Profile details in one view.
Include links to current product-specific Risk Registers.

02 Discovery
Analyse and categorise
Group requirements by risk theme.
Reframe into broader module categories: Foundation, Domain and Product-specific.

03 Architecture
Identify & Consolidate
Flag duplicates and create efficiencies
Align risk mitigation and categorisation with SMEs.

04 Architecture
Impact assessment and restructure
Assess impacts of modularisation on existing Conformance Profiles and vendor obligations.
Map current conformance status to new modules to ensure continuity and traceability.

05 Rationalise
Internal & External consultation
Review the update requirements with stakeholders
Refine feedback and agree modules and classifications.

06 Rationalise
Approve analysis outcomes
Seek SME and Product team approval.
Obtain executive approval of modules and the artefact approach.

07 Future State
Comms & Implementation Plan
Develop Comms and Implementation Plan

08 Future State
Implement phased updates
Prioritise updates with Conformance Design.
Progressively update conformance artefacts across products.

09 Validate & Prepare
Approve and publish
Coordinate publication with Conformance Design, Partnerships and Comms.
Publish updated artefacts to the Developer Portal in phases.

Progress since August: mapping the current state

Substantial review and consolidation has been completed across priority areas

829	456	638	48
MHR Requirements	MHR Backlog Items	Electronic Prescribing Requirements	Electronic Prescribing Backlog Items
100%	100%	100%	100%

What the review covered

- **Foundational suitability**
- **Enterprise pathway**
- **CDA / FHIR transition**
- **Technical requirements**
- **Security and shared controls**

Cross-checking and detailed analysis of remaining items is continuing to validate outcomes

***Similar reviews will take place for other products, including PMH, Health Connect and other new initiatives*

What changes for vendors

Benefits build over time as modules, governance and evidence-reuse mature

Short Term

Less ambiguity. Better preparation.

- ✓ **Clearer requirements** — A consistent structure and language across profiles.
- ✓ **Earlier visibility** — A clearer view of likely requirements and evidence.
- ✓ **Less repeated interpretation** — Common risks and controls treated consistently.

Longer Term

Reuse what has already been proven.

- ✓ **Evidence reuse** — Reuse accepted evidence where scope, currency and applicability align.
- ✓ **Faster pathways** — Reduce duplicate assessment and testing activities.
- ✓ **Lower change effort** — Maintain common requirements and reuse across the model.

Proposed Delivery sequence – Modular

A phased approach lets shared foundations mature, while priority product profiles progress in parallel

1

Now – Dec 2026

Foundational Profile Design

Collate, Analyse, Catagorise, Review, Update and Approve common requirements from all profiles.

2

Jan – Mar 2027

Publish v1.0 Foundational Profile

Coordinate publication of the Foundational Profile in alignment with the MoF scope and electronic prescription conformance requirements.

3

Apr – Sep 2027

Restructure and Uplift all the Linked Profiles

Work commences to uplift all the impacted Conformance Profiles, e.g. MHR, EP, etc. and align them with the MoF transition plan.

4

Oct 2027 – Jun 2028

Review and Publish Uplifted Profiles

All applicable profiles are brought into the modular structure, endorsed, approved and published after incorporating the review feedback provided by the stakeholders.

Discussion



My Health Record Conformance Uplift

Yuki Yu, Assistant Director Conformance Design

Australian Government
Australian Digital Health Agency

What is the My Health Record Backlog?

Historical collection of improvement opportunities

The My Health Record backlog represents work items accumulated over the evolution of the My Health Record conformance framework, including:

- Enhancements and new capability requests
- Clarification and consistency improvements
- Editorial and document maintenance updates
- Assessment observations and implementation feedback
- Defects and conformance gaps
- Future improvement opportunities

The backlog should not be viewed as a defect register.

It reflects more than a decade of continuous improvement activities across My Health Record conformance artefacts.

Outstanding backlog current state

Not every My Health Record Conformance Profile accumulated backlog items

Total My Health Record Conformance Profiles



26 With Backlog Items **8 Without Backlog Items**

34 Total Conformance Profiles

Backlog activity was not evenly distributed across the My Health Record conformance ecosystem

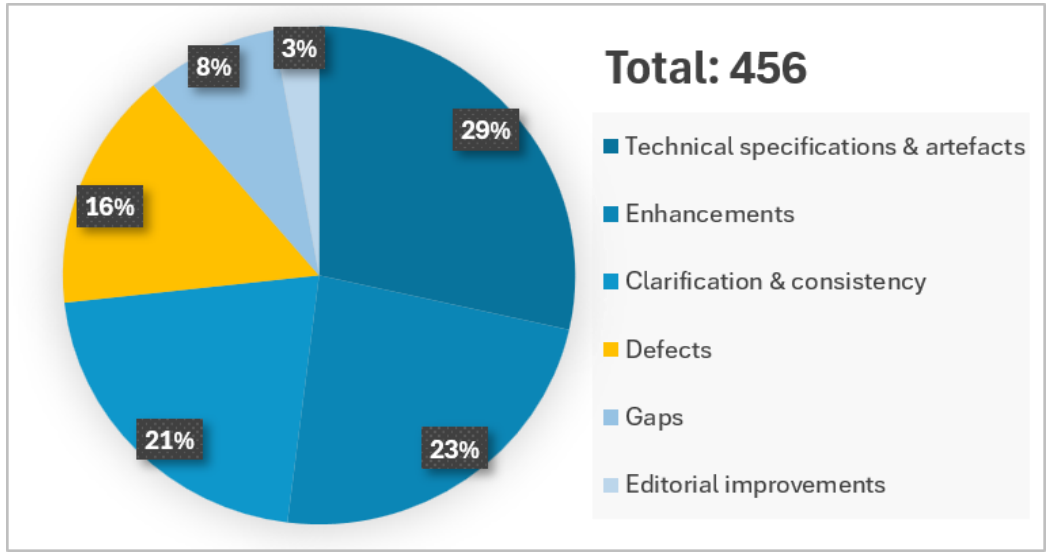
Conformance Profile type	Total	With Backlog	Without Backlog
My Health Record Common	4	3	1
Clinical Documents	23	18	5
My Health Record Views	7	5	2
Total	**34**	**26**	**8**

- 34 Total Conformance Profiles
- 26 Profiles with Backlog Items
- 8 Profiles (24%) Without Backlog Items

Backlog Assessment Findings

Analysis of 456 backlog items found that approximately 84% were not defects.

Category	Count	%
Technical specifications & artefacts	130	29%
Enhancements	107	23%
Clarification & consistency	97	21%
Defects	71	16%
Gaps	38	8%
Editorial improvements	13	3%
Total	**456**	**100%**



Additional finding.

- More than half of document/view-profile backlog items were associated with Clinical Document Architecture (CDA) - specific artefacts.
- Many of these items have limited relevance as My Health Record transitions towards Fast Health Interoperability Resources (FHIR)-based approaches.

Backlog Analysis and Prioritisation Process

ANALYSIS ACTIVITIES COMPLETED — CURRENT FOCUS — FUTURE OUTCOME



Tiger Team Assessment

Focused subject matter expert assessment considered:

- ✓ Current relevance
- ✓ Clinical Document Architecture (CDA) dependency
- ✓ Fast Healthcare Interoperability Resources (FHIR) applicability
- ✓ Foundational suitability
- ✓ Future modular conformance alignment

The structured review assessed backlog items against their ongoing relevance and alignment with the future direction of My Health Record.

The findings have helped identify foundational requirements suitable for further uplift.

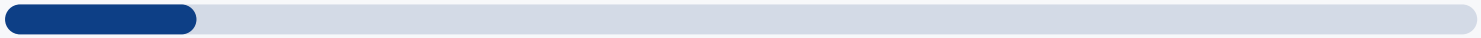
This provides a clear basis for prioritising current conformance profile updates and planning future uplift activities.

Conformance Uplift

My Health Record Common Requirements

WIDER BACKLOG CONTEXT

~14% of the 456 assessed backlog items require further action within the two priority conformance profiles.



Connecting Systems Conformance Profile	Common Conformance Profile
15 of 78 items	45 of 82 items
19% requiring further action	55% requiring further action

Next steps

Progress outstanding requirements in the Connecting Systems and Common Conformance Profiles, alongside relevant Assisted Registration amendments, to support future My Health Record uplift.

Key Takeaway

Backlog analysis has established clear priorities for My Health Record conformance uplift.

Targeted updates will strengthen the My Health Record conformance framework and support future interoperability initiatives.

Discussion



CDA > FHIR transition plan for Conformance

Caitlin Sands, Director Conformance Design

Australian Government
Australian Digital Health Agency

Where the CDA > FHIR transition fits

The transition is not a separate initiative. It is a key use case for the modular, reusable conformance model.

CDA TODAY

- Document oriented implementations and legacy conformance profiles
- Conformance requirements are often solution specific and tightly coupled to individual products

1

TRANSITION PERIOD

- CDA and FHIR coexist for a period of time
- Draft and final FHIR profiles developed and implemented
- Migration pathways and broader testing will be managed together.

2

FHIR FUTURE

- Standards-based FHIR connections using reusable foundational requirements.
- Faster onboarding of new standards and products
- Greater consistency and scalability across the conformance ecosystem

3

Conformance design provides the governance, traceability and assessment mechanisms, that make the migration controllable

Indicative CDA sunsetting timeline

CDA to FHIR transition

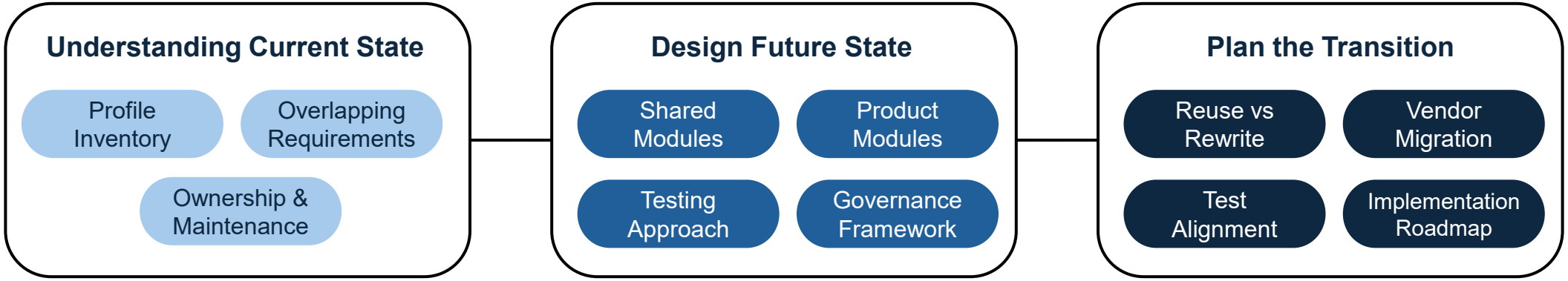


Note:

- Specific streams (e.g. Pathology) may be subject to earlier timelines
- New capability and requirements (e.g. Child Health Record) will only be made available in FHIR, not CDA

MHR on FHIR: Enabling Modular Conformance

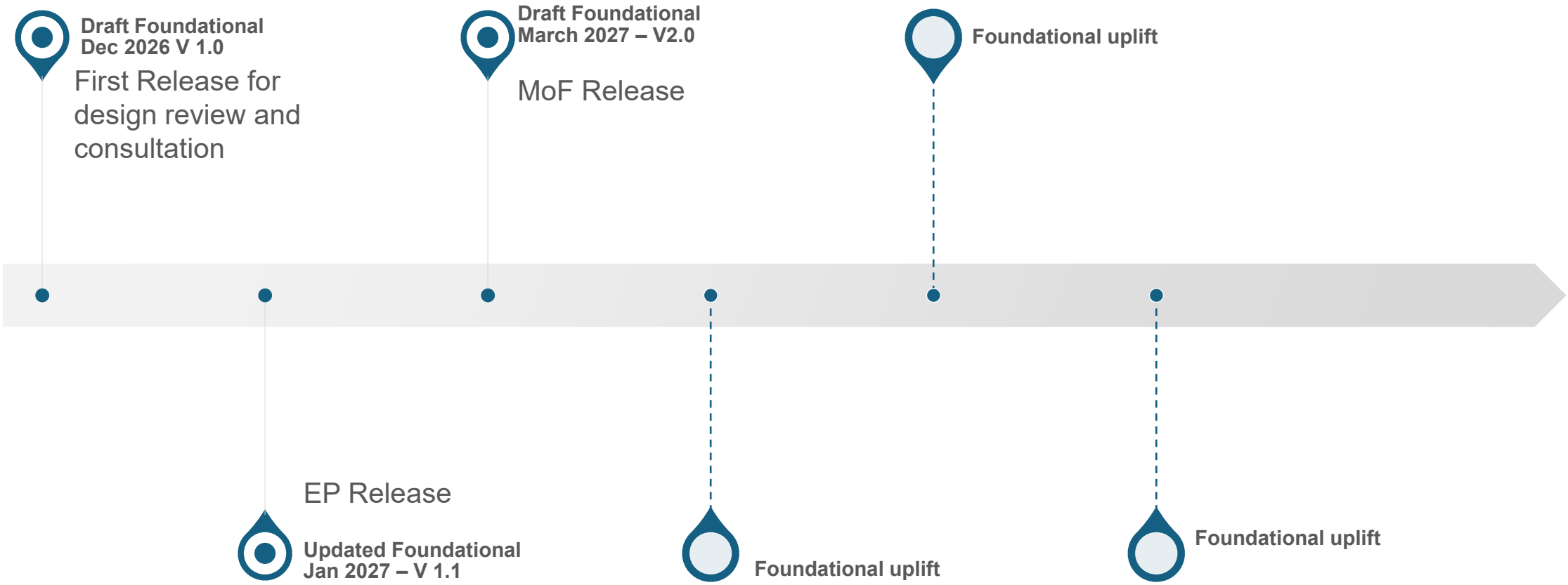




Outcomes

- Reusable capabilities
- Faster delivery
- Scalable governance
- Consistent requirements
- Reduced clarification effort

Proposed Foundational Conformance Profile



Discussion



Child Health Record

Clara Lubbers, Director, National Programs Delivery

Australian Government
Australian Digital Health Agency

Child Health Record

Why is it needed?



- Child health information often held across multiple sources, formats and systems.
- Difficult for families, carers, kin and healthcare providers to access a complete picture of a child's health and development.
- Delayed identification of health or developmental concerns and provision of support.
- Inconsistent approaches to child health data limits efficient service planning and policy evaluation.
- Limited interoperability and information sharing creates barriers to coordinated care.

What is it?



The National Child Digital Health Record (the Child Health Record) initiative is focused on improving outcomes for children aged 0 to 8 years through earlier identification of developmental concerns, improved access to support services, and more coordinated pathways across health, disability and related sectors.

The Child Health Record brings together key information about a child's health and development in one place, accessible through My Health Record and the 1800MEDICARE app.

Who does it support?



- Every child living in Australia
- Their families, carers and kin
- Healthcare providers supporting children's care
- Other service providers contributing to their health and development

How does it link to other Thriving Kids measures?

- Supports consistent recording and sharing of information captured through the Medicare Healthy Kids Check
- Connects to Medicare Thriving Kids to link families with information, advice and support
- Leverages common national infrastructure and takes a coordinated delivery approach including the CHAP structured form.

Foundations

Supported by an investment of $76.1 million in the 2026-27 Budget, Thriving Kids will advance a long-standing national ambition for a Child Health Record.



A review of the **My Health Records Act 2012** will ensure access controls are fit for purpose and support contemporary information sharing.



Share By Default requirements starting with pathology and diagnostic imaging – are increasing the use and value of data in My Health Record.

Share by Default requirements are expanding to include medicines and GP Chronic Condition Management Plans over the next two years.



National data and exchange standards developed through the **Sparked program** are enabling the consistent collection, exchange and reuse of healthcare information across Australia.



My Health Record modernisation, including new **FHIR-based repository,** is transforming My Health Record into a modern platform for storing and sharing key health information.

What information belongs in the Child Health Record?

A key early priority is defining what information belongs in the Child Health Record, ensuring it remains relevant, proportionate and supports child health and developmental outcomes with appropriate safeguards for privacy, access and use.

Demographic

Who is the child, family, carers and kin?



- *Name, Age, Sex*
- *Contact information*
- *Other identifying details*
- *Family/carer details*

Health

What do we know about the child's health status and history?



- *Diagnosed conditions and medical history*
- *Immunisations and allergies*
- *Vision, hearing and oral health checks*
- *Growth assessments*

Development

How is the child growing, learning and developing?



- *Developmental concerns and screening*
- *Learning*
- *Socialisation*
- *Behaviour*
- *Toileting*

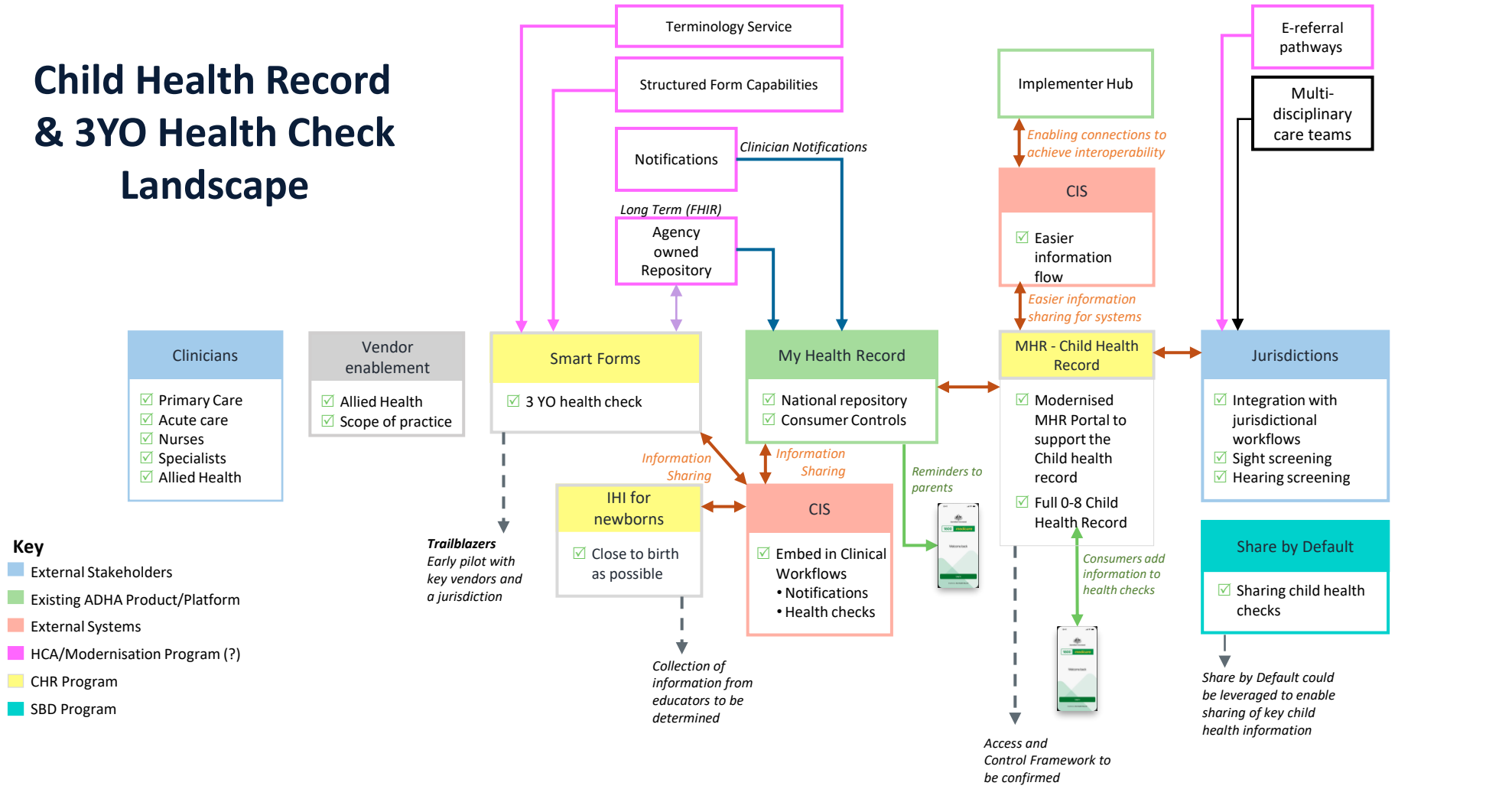
Broader influencing domains

Additional factors shaping child outcomes



- *Perinatal health information*
- *Family and living environment*
- *Access to early childhood education and other services*

Child Health Record & 3YO Health Check Landscape



Current state experience

Mei’s childhood health check journey

Birth



Mei is born and receives her first health assessment.

Her family receives:
- Parent Pack,
- Baby Book
- Newborn Child Declaration form.

Mei's information can't be shared until she is registered with Medicare.



Mei’s parent/carer enrols her in Medicare and Centrelink using the signed *Newborn Child Declaration form*.

They have an option to create a My Health Record and be listed as Authorised Representatives.

Low uptake of MHR for children.



Mei attends milestone health checks up to 5 years.
Her parent/carer needs to bring her baby book to appointments and pre-fill questionnaires in the book.

Information is recorded in the baby book, a clinical system and in some states attached to the parent or legal guardian of the child.



Mei might have other health appointments, new GPs, 715 checks. More information (health, disability, developmental) is being generated.

Information is often duplicated, sitting in disconnected systems or missing.
Parents are retelling Mei's story and supply information.



Further records and results such as prescriptions, immunisations, and pathology are in disconnected systems and paper.

The onus is on parent/carers to retain and share important information.

5 yrs

After Mei’s 5yr check, has no further scheduled health checks.

The baby book is no longer required.

Historical information may be lost.

Baby books

Representative future experience



National Chid Health Record

When Mei is born, a Child Health Record is created.

Parents/carers/legal guardians can choose to opt-out.

Maternal information can be shared with the CHR.

IHI for newborn

My Health Record

As Mei attends milestone health checks the results and outcomes are recorded in her CHR.

Information is available across encounters and readily accessible.

Notifications

Smart forms

Nationally consistent data

Records and results such as pathology, prescriptions, immunisations are also available through Mei's CHR.

Share by default

At 3-years, Mei's parents take her for a health check. Some developmental concerns are identified.

Mei can access support through Thriving Kids programs or other support services.

Mei's CHR continues to collate her health and development information, enabling her parents and HCPs to track key indicators over time.

Concerns identified earlier because information is longitudinal and shared.

Smart forms for educators and disability providers to contribute to her CHR.

Capabilities & features

Capabilities

- ✓ My Health Record (MHR) for newborns
- ✓ 1800MEDICARE app and MHR Consumer Portal
- ✓ Structured forms (formerly smartforms)
- ✓ Notifications (MHR and available through Health Connect)
- ✓ Nationally consistent data standards
- ✓ Share By Default
- ✓ IHI for newborns

Possible features

- ❑ Growth tracking
- ❑ Parent/Carer support information
- ❑ Multi-disciplinary care team

Discussion

What other capabilities or features would add value for children, parents/carers or practitioners?

What have we missed?

Child Health Record (CHR) Delivery

Nov-Dec 2026

Proposal to Govt

3-year-old Health Check

- Clinical Content Requirements
- Architectural solution design for CHR

Jan-Mar 2027

3-year-old Health Check

- Business Requirements
- Technical Requirements

CHR 0-8 years

- Initial Requirements finalised

Sept 2027

3-year-old Health Check

- Structured form released in MHR
- Conformance profiles released
- Integration with CIS

Notifications, alerts functionality

IHI as close to birth as possible (FHIR)

June 2028

CHR 0-8 years

- Discovery
- Finalisation of health check questions
- Assessment for children and collection of data elements
- Parent input structured form released in MHR

June 2029

CHR 0-8 years

- Structured form development
- First iteration of expanded solution delivered

3-year-old Health Check

Purpose

- Medicare Healthy Kids Check (MBS Item) launched 1 November 2026
- Identify risks of developmental delay prior to school
- Develop and test a repeatable approach for future health checks
- Build consistent foundations for the Child Health Record

Initial approach

- Leverage learnings from 715 Aboriginal and Torres Strait Islander Health Check and National Digital Child Health Collaborative
- Nationally-consistent core data with optional data elements to reflect local needs

Key Deliverables

- Clinical Content Requirements
- Business Requirements
- Technical Requirements
- 3-year-old Health Check SmartForm
- SmartForm write back to My Health Record
- Notifications and Reminders
- Conformance Profiles
- Integration with CIS

Child Health Record Stakeholder Ecosystem

Many stakeholders

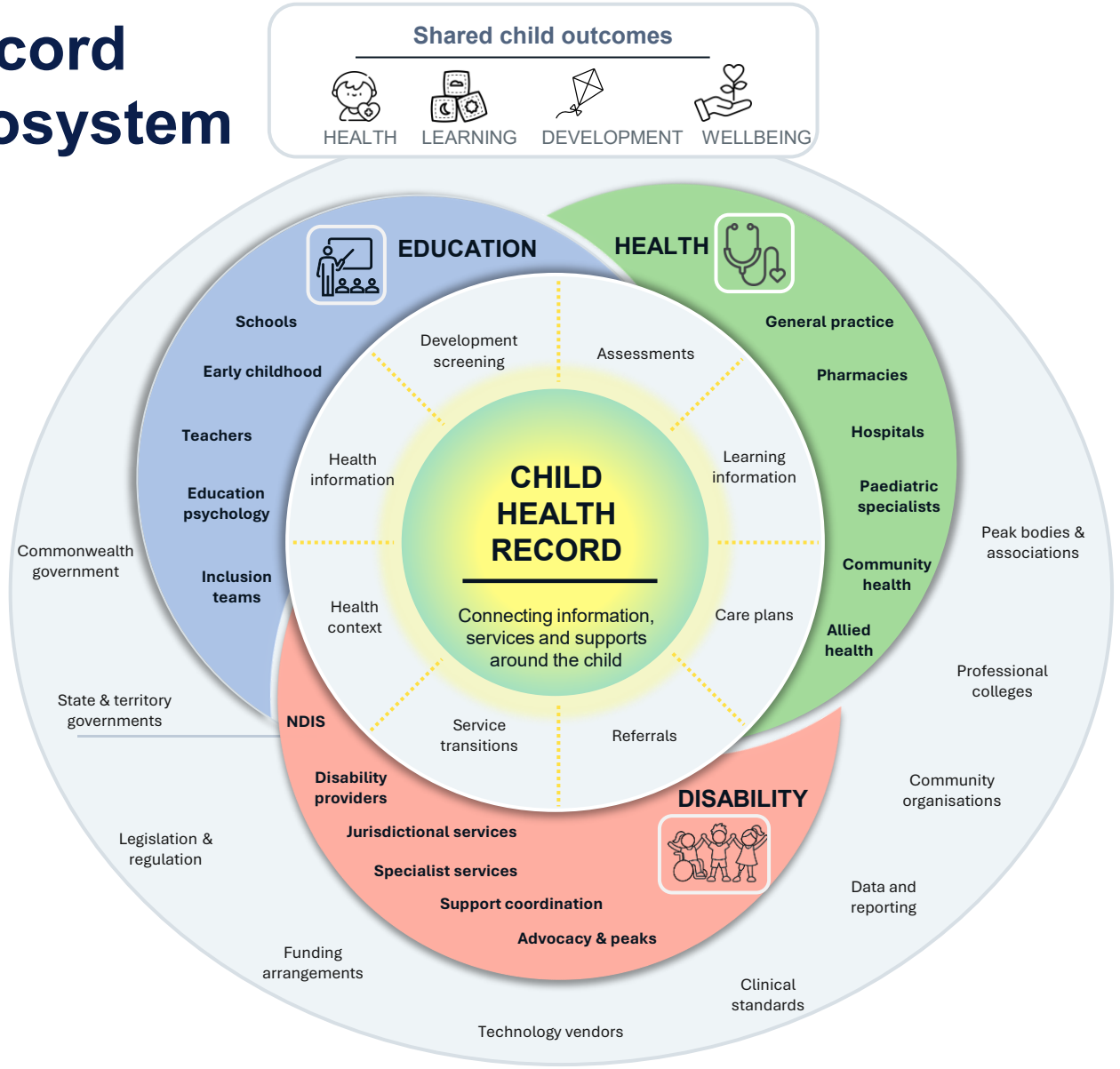
Across education, health and disability contribute to a child's care and development.

Information is fragmented

Information sits across multiple systems and care settings.

Complex operating environment

Different policies, funding, arrangements, legislation and systems must work together



COMPLEXITY DRIVERS

3
Sectors

25+
Organisation types

10+
Major governance forums

Multiple
Funding pathways

Shaping the Child Health Record together

To Discuss:

- Opportunities
- Implementation challenges
- What would make participation easier?
- Where should we focus first?

How would you like to work together?

- Consumer journeys
- Provider journeys
- Architecture deep dive
- Implementation pathways
- Trailblazer pilots

What do you need to come on board?

- Roadmap & timelines
- Technical specifications
- Integration guidance
- Implementation support

What is your readiness for structured forms & FHIR?

- FHIR implementation
- Planning adoption
- Using SmartForms
- Support needs

What else should we cover?

- Technical working groups
- Vendor forums
- Conformance workshops

We are seeking your input to help shape a scalable, interoperable and nationally consistent Child Health Record

Child Health Record Conformance Profile

A new Child Health Record conformance profile and associated test cases will be developed to enable software system to:

- Integrate with the 3-year-old Health Check structured form.
- Submit 3-year-old Health Check information to the My Health Record system.
- Implement requirements in accordance with the FHIR Implementation Guide and SmartForm specifications.
- Exchange Child Health Record information with My Health Record in a standardised and interoperable manner.

Child Health Record

We need your help!

- To ensure the outcomes of the Child Health Record Program integrate effectively with products and services, we want to work with you!
- Please let us know if your organisation is keen to be a part of future conversations as we continue to develop and test the 3-year-old Health Check.

Any questions?

Lunch

1.15pm – 2pm

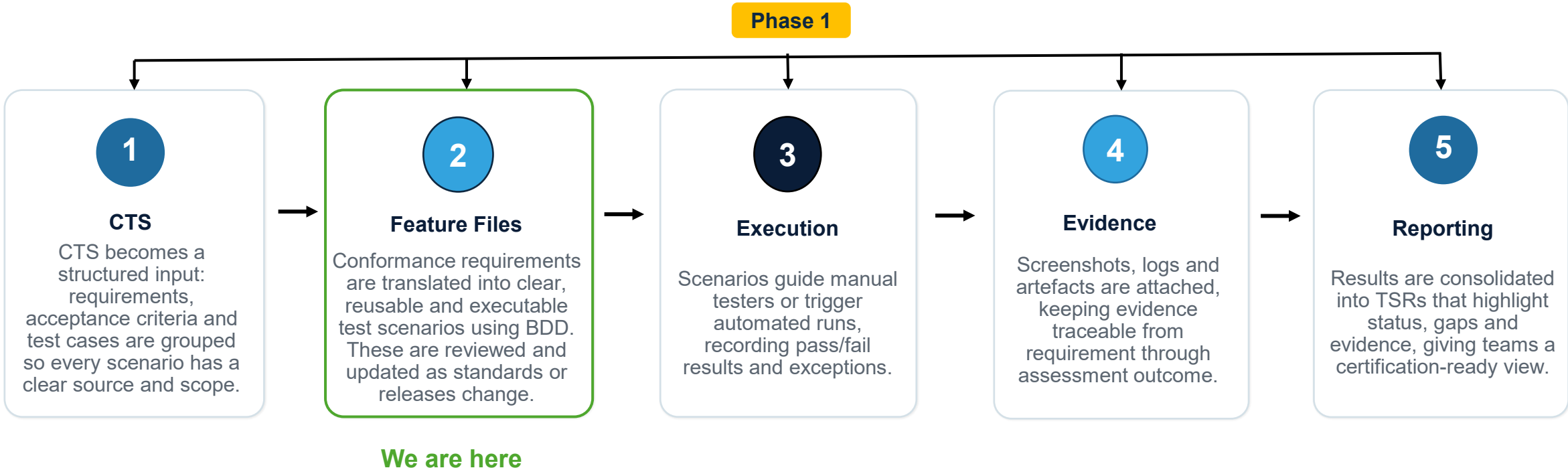
Transition of Conformance Test Specifications to Gherkin Feature Files

Caitlin Sands, Director Conformance Design

Australian Government
Australian Digital Health Agency

Phase 1 Updates

A single testing support tool that transforms CTS into reusable Gherkin features, orchestrates manual and automated execution, captures evidence at each step and generates assessment-ready Test Summary Reports



Transition of Conformance Test Specifications to Gherkin Feature Files

CURRENT

CTS

Excel based CTS

Requirements are manually interpreted, which can create inconsistent understanding

Limited early self-testing

Issues may surface late, while evidence and reporting remain fragmented

Modernise

FUTURE DIRECTION

CTS → 1 Feature files → 2 Execute → 3 Evidence → 4 Report

GIVEN	WHEN	THEN
Sets the context	An action occurs	Verifies the outcome

Clear
Requirements expressed as shared, plain language scenarios

Reusable
The same feature files support manual and automated testing

Traceable
Requirements expressed as shared, plain language scenarios

Overview of work completed to date

Nov – Dec 2025

1

Research & Discovery

- Commenced discovery into modernising conformance testing
- Explored BDD and Gherkin approaches
- Reviewed international approaches and tools
- Established initial objectives & scope

Understand the opportunity

Jan – Feb 2026

2

Assess & Plan

- Analysed existing CTS material
- Mapped requirements into Gherkin
- Identified potential benefits, challenges and required capabilities
- Developed initial approach and roadmap

Define the approach

Mar – Apr 2026

3

Design & Prototype

- Created initial sample Gherkin feature files
- Tested various authoring styles and structures
- Captured lessons learned
- Began developing a draft template and naming conventions

Build and learn

May – Jun 2026

4

SME Engagement & Validation

- Engaged conformance SME's
- Held detailed design sessions
- Reviewed alignment with conformance requirements
- Gathered feedback on structure, clarity and feasibility

Validate with experts

Feedback from internal/external stakeholders

Feedback received

- Quality, executability and Excel CTS alignment confirmed
- Step-level evidence too time consuming as scope grows
- Scenario-level capture recommended to retain traceability
- Remove unnecessary content aligning with Gherkin best practices
- Use clear requirement headings, tags and comments
- Reduce repeated scenarios

Changes & next steps

- External testing produced aligned with types of evidence we received including snapshots and videos
- Comment-based assertions remain an option
- Evidence consolidated by requirement, with all evidence types listed
- Headings and tags improve filtering, search and test organisation
- Feedback incorporated into files and templates, shared for review and retesting

Key Outcomes

- Proven feasibility for Australian conformance
- Standardised template and guidance drafted
- Validated with internal SMEs and external vendor(s)
- Template and guidance drafted

Feature File Template

@Tags are used to identify and organise Gherkin features or scenarios, making them easier to categorise, trace and filter for testing.

Unique feature identifier

Description of capability being tested. Derived from **Requirement Reference in CTS.**

Unique test identifier

```
@UC.10
@FeatureID: PD-0001
Feature: Automatic synchronisation with Provider Directory
#ConformanceProfileName: Health Connect Provider Directory Connecting Systems
#ConformanceProfileVersion: 1.0 Draft
#ProfileDate:

#Conformance Requirement:
#The software system SHALL automatically synchronise its local data store with the
#Provider Directory at least once every 7 days.
#Notes:
#Synchronisation at intervals shorter than seven days is permitted and encouraged
#where operationally feasible. However, the Provider Directory limits bulk
#synchronisation to a maximum of once every 24 hours.
#Priority: Mandatory

  @TestCaseID: PD_10_0001_TC01
   Scenario: Verify that the software system synchronises its local data store with the Provider Directory at least once every 7 days

  Given the system is connected to the Provider Directory
  And synchronisation is enabled
  And provider data exists in both the Provider Directory and the local data store
  When the last synchronisation timestamp is verified
  And the scheduled synchronisation process runs or the passage of time within 7 days is simulated
  Then the system automatically triggers synchronisation without user intervention
  And the local data store is updated
  And a successful synchronisation timestamp is recorded within the 7-day interval
  And the software system automatically synchronises its local data with the Provider Directory at least once within every 7 days

  #Test Evidence (Test Logs, Screen Shots, Recordings, Files)-TBC:
```

Gherkin file Metadata:

Metadata is the information written with "#" that gives context about the conformance requirement:

1. #ConformanceProfileName:
Identifies which conformance profile the requirement belongs to.

2. #ConformanceProfileVersion:
Identifies the version of that profile

3. #ProfileDate:
Publication or release date

4. #Conformance Requirement:
Requirement being assessed

5. #Notes:
Provides additional explanation or conditions relating to the requirement.

6. #Priority:
Indicates the importance or obligation level of the requirement (Mandatory/ Optional/ Recommended/Conditional).

7. #Test Evidence:
Identifies the evidence expected to demonstrate the scenario has been tested, such as logs, screenshots, recordings or files.

Scenario: Derived from the Test Case column in the CTS, with each scenario representing the specific test case or behaviour that needs to be validated.

Given: Derived from the Precondition field in the CTS

When: Derived from the action or trigger described in the CTS test case, where available. It captures the event that causes the expected behaviour to occur.

Then: Derived from the Expected Result column in the CTS and used to state the outcome that must be demonstrated for the scenario to pass.

And: Used where CTS content contains more than one precondition, action, or expected result. It helps split the CTS information into readable supporting steps without changing the intent.

Current and upcoming work

Jul – Aug 2026

5

Integration Capabilities

- Exploring automation frameworks
- Defined the future-state testing model
- Considering industry assessment & continuous validation
- Discover capabilities and integration options

Enable scalable testing

Sep – Oct 2026

6

Refinement & Finalisation

- Incorporating SME and vendor feedback
- Improved evidence capture guidance
- Enhanced feature headings, tags and comments
- Strengthened traceability and organisation

Improve and finalise

Nov – Dec 2026

7

Health Connect Adoption

- Develop draft feature files adopted for conformance to the Health Connect Australia Provider Directory
- Establish ongoing capability for converting existing and future tests to Gherkin
- Initiate broader industry consultation on CTS and feature files and drop in session

Transition towards implementation

Jan – Feb 2027

8

Prepare for Health Connect Pilot and Drop In sessions

- Final refinements to be made before pilot
- Confirm scope, stakeholders and next steps for the pilot
- Organise drop-in sessions for questions and feedback on the feature files
- Continue engagement with NT Health

Ready for pilot run

Key Outcomes	Proven feasibility for Australian conformance	Standardised template and guidance drafted	Validated with internal SMEs and external vendor(s)	Adopted for Health Connect conformance cases	Prepare for NT Health pilot

Gherkin feature files benefits

Traditional Testing

- Static test cases
- Manual interpretation
- Separate documentation
- Limited automation

Gherkin-Based Testing

- Executable feature files
- Living documentation
- Reusable scenarios
- Automation-ready

Why Developers Adopt Gherkin

- Clear requirements before coding
- Shared language across teams
- Faster automation adoption
- Living documentation
- Easier knowledge transfer
- Supports Agile & CI/CD

Value for Conformance Assessments

- Requirement → Feature → Execution → Evidence → Report
- Standardised testing across vendors
- Assessment-ready outputs
- Foundation for future automation
- Improved auditability and governance

One Requirement Source • One Feature File • Multiple Execution Methods • Continuous Reuse

The Agency is not recommending any specific technology like Karate, Cucumber, Reqnroll, Behave, Playwright, Selenium, or other. The Feature file simply provides a standardised expression of the requirement. Vendors may execute it, automate it, or use it as living documentation using whatever tooling aligns with their development environment.

Gherkin provides a common language for requirements, testing and assessment, with full flexibility in implementation and execution.

Discussion



National Medicines Record

Vandana Chandnani, A/g Director, Medicines Safety

Australian Government
Australian Digital Health Agency

National Medicines Record: safer, more efficient care for Australians

Empowering consumers to better manage their medicines, health, and well-being



Sources medicines information from multiple systems, e.g. hospitals, GPs, pharmacies, online telehealth prescribers

A “source of truth" for medicines record enabling seamless access and updates across all connected platforms

Provides accurate and up to date medicine information for consumers and their care providers in near real-time

Leverages existing national Electronic Prescribing services to enrich medicines data

Supports safer clinical decision making, and coordinated care, minimises medicine related-harm

Transforming patient safety and the quality use of medicines with digital health

Australian Government
Australian Digital Health Agency

NMR Project's Strategic Direction

The NMR is a staged reform to strengthen medicines safety by improving how medicines information is accessed and used across care settings, building on existing national digital health infrastructure.



A staged reform, not a single system build



Phase 1 is foundational and decision-informing, not a national rollout

Builds on existing systems (including My Health Record and electronic prescribing)

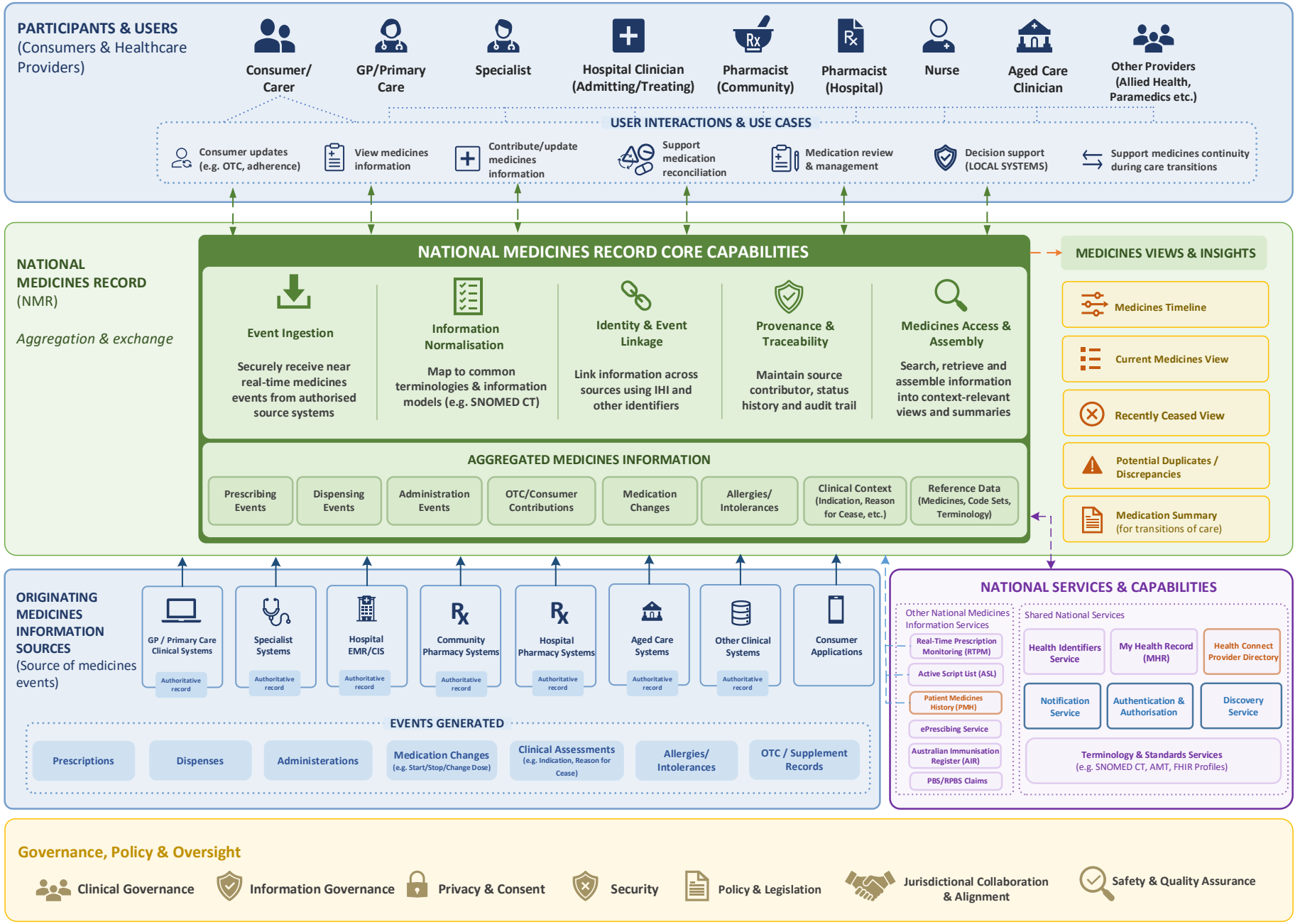


Focuses on priority safety gaps first, with future scope subject to evidence, consultation and Government decisions



Supports consistent policy intent and messaging alongside related reforms, including SBD for medicines

Conceptual Capability Landscape



KEY PRINCIPLES

- Originating systems remain authoritative for the medicines events and clinical records they create.
- NMR aggregates and exchange medicines information.
- Medication reconciliation is a clinical process that could update the NMR with a reconciled point-in-time medicines view.
- Consumers are active participants and contributors to their medicines information.
- Existing national, jurisdictional and local investments are leveraged wherever appropriate.
- Privacy, security and clinical safety by design.

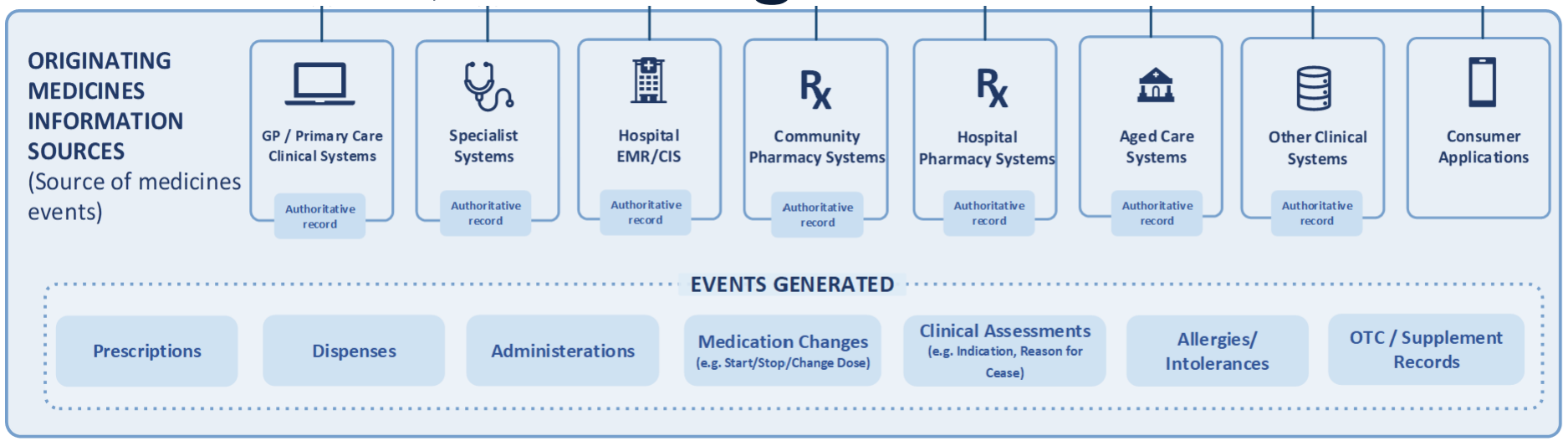
LEGEND

- Query / retrieve
- Derived views / insights
- Future convergence
- Information contribution
- Supporting integration

Existing Capability

Future Capability | Emerging Capability

Current state, challenges and future state



Originating systems are intended to remain the authoritative source of medicines information. What should the NMR do to add value without creating duplication?

Which medicines events or data elements are most difficult to capture, standardise or exchange today? Why?

What opportunities and implementation challenges do you see as we move towards FHIR-based medicines information exchange?

Public consultation approach and methods

Cohorts

- Consumers
- Healthcare providers
- Technology providers
- Government

Consultation methods

- Consultation paper
- Survey & written submissions
- Webinars
- Focus groups & targeted interview

What we already know

We are not starting from scratch. The National Medicines Record (NMR) builds on a substantial existing evidence base.

- **My Health Record** — Lessons from MHR design, adoption and use
- **Share by Default** — Insights from the SBD public consultation
- **Research and evidence** — What consumers and clinicians tell us about digital health

NMR public consultation

We are here

Who: Consumers, carers and health professionals

- **What matters to you?** — Needs, priorities, expected benefits and key decisions from an end-user perspective
- **Key requirements** — What do consumers and clinicians need from an NMR to trust and use it?

Detailed design and targeted expert engagement

Who: Policy, Government, subject matter experts and technology providers

- **Policy and government** — Understanding governance, legal and regulatory considerations
- **Subject matter experts** — Industry and technical expertise to inform safety, priority use cases and workflow requirements
- **Technology providers** — Understanding feasibility, standards and interoperability considerations

Validation and testing

Emerging design options are explored with stakeholders to help inform decisions.

- **Consumer and clinician review** — Exploring design options with the people who would use the NMR
- **Expert and sector input** — Policy, legal, technical and regulatory confirmation that options are sound

Design decisions and implementation planning

Consultation findings and expert advice inform future Government decisions on the NMR design and delivery approach.

Discussion



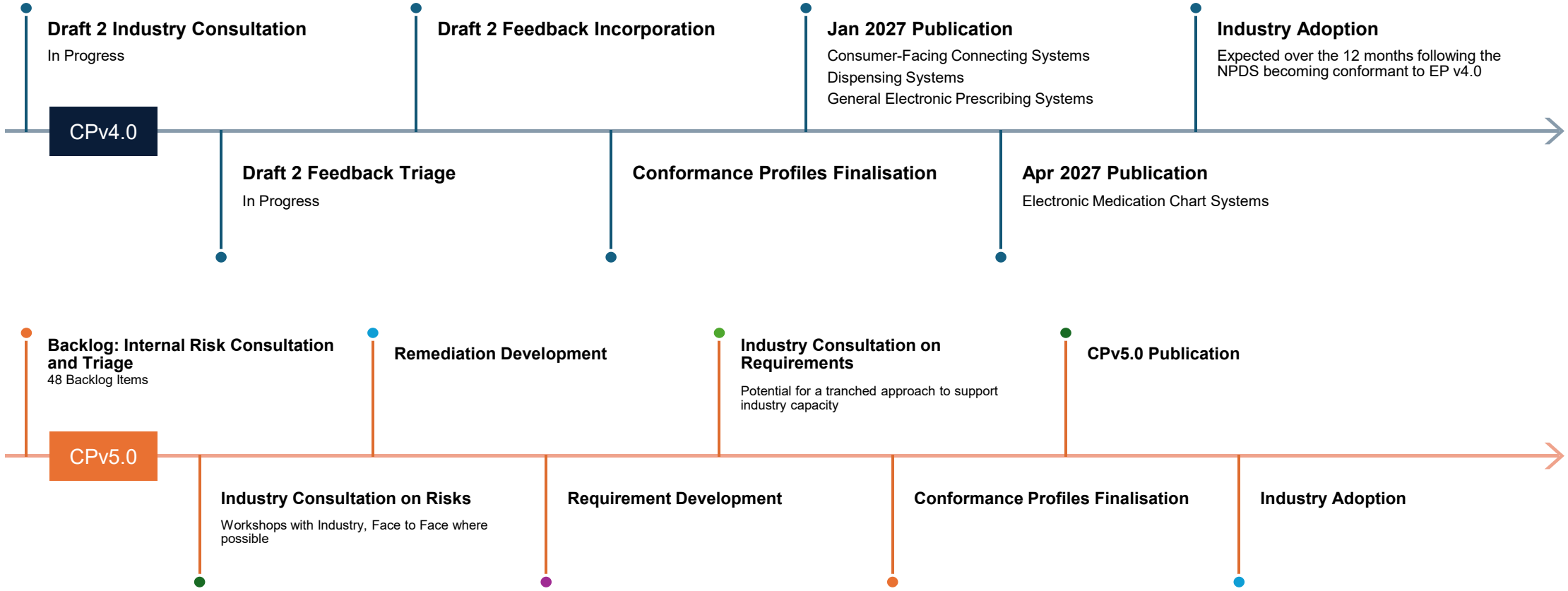
Roadmap for Electronic Prescribing

Hayley Smilie, Assistant Director Conformance Design

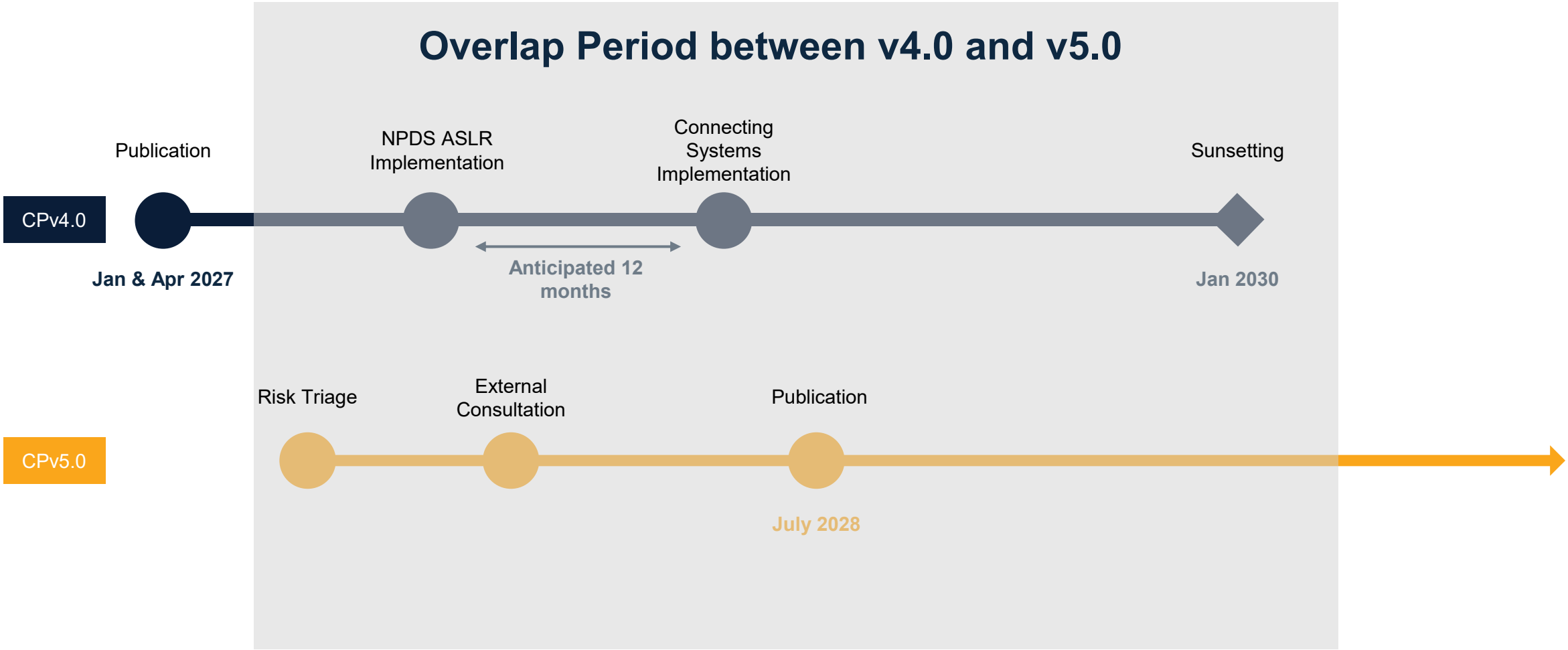
Charlotte Sandell, Conformance Management Lead Conformance Design

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Roadmap Activities for CPv4.0 and CPv5.0



Implementation and Sunsetting of CPv4.0



CPv4.0 Draft 2 Feedback: Key Themes

Consumer-Facing Connecting Systems

- Account removal vs legal record retention
- ASL linking questions
- Authentication and Security – web applications may meet these differently to mobile apps
- Request for cross-referencing across profiles
- Requirement clarifications/ambiguity

Dispensing Systems

- Questions and concerns around draft dispensing
- Clarifications around identity validation and HPI-Is
- NPDS, ASLR, payload and schema impacts
- Reasons for sending a prescription directly to a pharmacy
- Prescription Locking concerns
- Requirement clarity/ambiguity

Questions around Enterprise and product boundaries

To be considered as part of the Enterprise work and consultation

Feedback includes suggestions for additions to requirements. If not included in CPv4.0, these will be included in the backlog for considerations in future profiles.

Prescribing Systems – out for consultation

EP CP v5.0 and beyond

Descoped CPv4.0 Risks and Remediation

- ‘Direct to Pharmacy’ solutions
- Prescription Locking workflows

New Risks and Remediation*

- Standardisation of data capture
- Prescription visibility restrictions
- ASL self-registration
- Medication Accuracy
- Synchronous vs Asynchronous connections to the NPDS
- Integration with PBS Online

*This is not a finalised list of risks for consideration in CPv5.0 and is pending further development and discussions. Greater visibility over upcoming risks will be provided to industry prior to consultation for v5.0.

Discussion



Break
2:30pm – 2.45pm

Overall Sunsetting Plan

Brad McCulloch, Director Conformance Compliance

Australian Government
Australian Digital Health Agency

Current sunsetting progress

Completed

- **HI Service** - CP v1-v1.3 sunset
- **My Health Record** - Adv Care Planning v1.0, AIR v1.0, Clinical Documents (v1.0-v1.3), Consumer Entered Information (v1.01-v1.3), eHealth Path Report (v2.0), MHR Connecting Systems (v1.6), Shared Health Summary (v1.4) all sunset
- **EP CP v2.3** - CP v2.3 sunset

In progress

- **Electronic Prescribing –** Client Migration off CP v2.3
- **Development of the CDA to FHIR transition plan**
- **Development of the EP v3.0.1/3.0.2 transition plan**

Upcoming timelines

31 Mar 2027
Electronic Prescribing Client migration off v2.3 CP complete

30 June 2027
MHR Connecting Systems Security – Conformance Profile v1.0.1

30 June 2027
HI Service
CP v1.4-v4.0 sunset

1 Dec 2027
HI Service
CP v4.1-v5.0 sunset

Update on EP CP v2.3 Sunsetting



- 141 Systems achieved conformance with CP3.0.1 or CP3.0.2
- 6 Systems were lapsed off the conformance register
- 14 Vendors are currently under case management

Case Management Process

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Case Management Process

Allows decisions to be made that balance the risks

Case management in sunsetting has two possible outcomes:

1. A short extension to the conformance end date; or
2. Allowing the conformance end date to lapse.

The decision is based on the competing risks associated with allowing the system to remain connected against possible impact on community service delivery.

Information collected in case management allows the Agency to assess:

- What is the credible timeline for this system to come into conformance?
- Is there any reason that was genuinely outside the vendor's control why there system will not have achieved conformance?
- Where is the system used, and what services does it support?

Discussion



General Q&A

Caitlin Sands, Director Conformance Design

Next Meeting

Week of 15th – 19th March 2027

Quarterly Conformance and Assurance Advisory Forum

A collaborative forum between the Agency, industry, jurisdictions, providers, and organisations that meets quarterly to identify emerging conformance risks, inform requirements, and provide strategic advice on conformance and assurance outcomes.

Upcoming events

4 November 2026

Scheduled to coincide with MSIA Summit (Sydney Thurs 5th)

March 2027

Will be scheduled to coincide Australian Healthcare Week (Sydney Wed 17th – Thurs 18th)

May 2027

Will be scheduled to coincide Digital Health Festival (Melbourne Wed 19th – Thurs 20th)

August 2027

Will be following the Health Innovation Community (Brisbane Mon 2nd – Tues 3rd)

Key Outcomes and What is Next

Key Outcomes from todays session:

•Increased visibility of the Conformance and Assurance roadmap across 2027 and beyond.

•Shared understanding of priority programs and upcoming conformance activities.

•Stronger industry engagement through the Quarterly Conformance and Assurance Advisory Forum.

•Industry feedback is directly shaping future conformance approaches and processes.

What is Next:

- Register for the next Conformance and Assurance Industry Day in March
- Register your interest in attending the enterprise conversation if relevant
- Topics you would like to see the next industry day

Thank you

Thank you to everyone who joined us today.

We value your ongoing partnership and contributions help make these sessions valuable and impactful.

Next Session: March 2027

Other Ways to Stay Connected
Email: help@digitalhealth.gov.au

For Escalations
Email: ConnectedCare.escalations@digitalhealth.gov.au

Conformance and Assurance Industry Forum Feedback - Wednesday 4 November 2026

We look forward to reconnecting with you

WEB: digitalhealth.gov.au

EMAIL: help@digitalhealth.gov.au

PHONE: General enquiries 1300 901 001

My Health Record Helpline 1800 723 471

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