



Australian
Commission on
Safety and Quality
in Health Care

safetyandquality.gov.au

Governance and Safety in AI and Digital Innovation

AH&MRC CQI State Forum - 26 May 2026

Acknowledgment of Country

The Australian Commission on Safety and Quality in Health Care pay respect to the Gadigal people as the Traditional Custodians of Country where the Commission's office is located. We extend that respect to all Aboriginal and Torres Strait Islander peoples, and their deep time connections to land, water and sky.

We recognise that knowledge about healthy Country, community and culture has been developed by Aboriginal and Torres Strait Islander peoples over tens of thousands of years and has been shared for generations. We are committed to partnering with and learning from Aboriginal and Torres Strait Islander peoples through the work that we do.



Introductions



Paul Miles

Director

Digital Health



Rodney Ecclestone

Program Manager

Digital Health



Rozanna Alameddine

Senior Project Officer

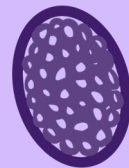
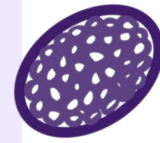
Digital Health

Our Purpose

The Commission's purpose is to lead improvements in the safety and quality of health care so all Australians receive better care, everywhere.

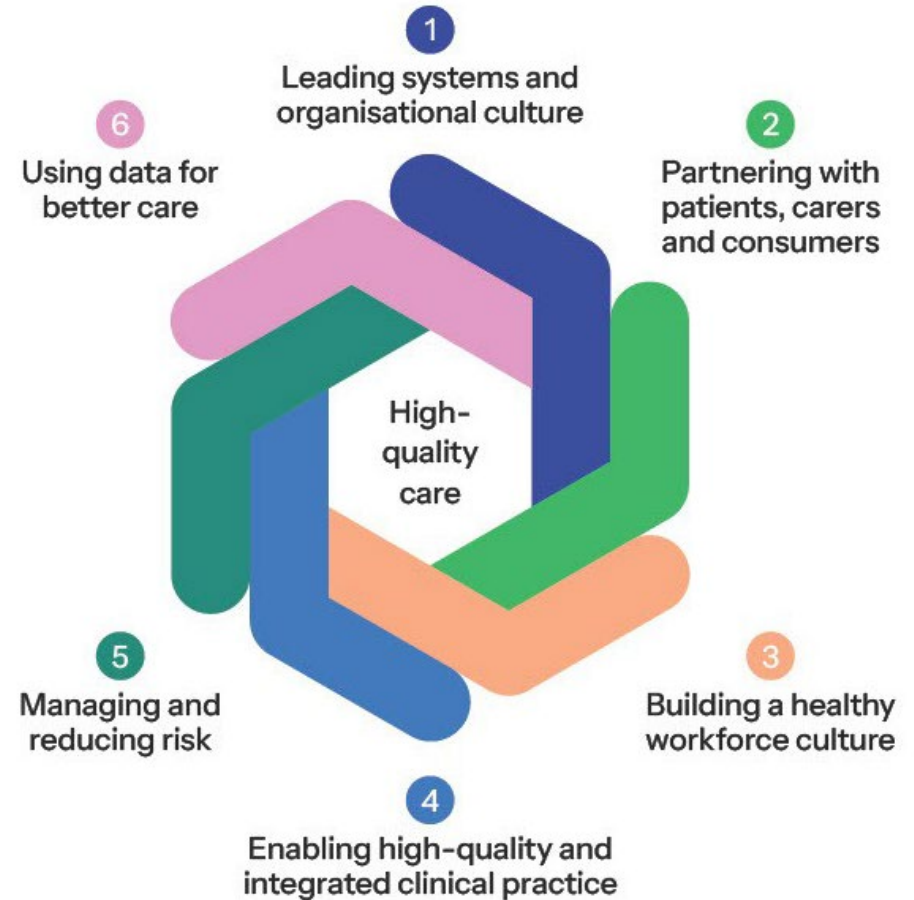
Our strategic priorities

- High-quality care in an **evolving environment**
- Strong outcome-focused **clinical governance**
- **Empowered patients, carers and communities**
- An **improvement-driven workforce culture**



Embedding cultural safety in clinical governance

All six foundations of the National Model for Clinical Governance emphasise that **cultural safety is essential in achieving high-quality care** for Aboriginal and Torres Strait Islander patients and communities and in creating and maintaining a safe environment for Aboriginal and Torres Strait



Driving Meaningful Change

Engagement

- Aboriginal and Torres Strait Islander Health Advisory Group
- Relationships with organisations including NACCHO, AIDA and CaTSINAM

Tailored research and resources

- Charter of Healthcare Rights translations
- Information on clinical care standards – sepsis, stillbirth, hip fracture, psychotropics, colonoscopy
- Literature reviews on leave events and clinical care for First Nations people in aged care
- Atlas of Healthcare Variation

Driving Meaningful Change

Standards

- NSQHS Standards Aboriginal and Torres Strait Islander Actions, User Guide for Aboriginal and Torres Strait Islander Health and assessor training (with CATSINaM)
- 3rd edition development of new actions on cultural safety and systemic racism

Schedule B – National Health Reform Agreement 2025-2031

- Initial work to review the First Nations cultural safety standards environment, consult with First Nations stakeholders and community and propose options for First Nations cultural safety standards for hospitals
- Establish a First Nations team to lead the work
- Build on options and implement within the healthcare system

Priorities for high-quality digitally enabled care

- Embed digitally enabled care in clinical governance
- Strengthen virtual care quality
- Advance connected care through standardised data
- Lead system-wide quality improvement in digitally enabled care

Australian Commission on Safety and Quality in Health Care

Priorities for high-quality digitally enabled care

The Commission sets and stewards best practice for digital health to support high-quality care. Digital health enables better care when it is safe, integrated and trusted.

Digitally enabled care is the appropriate application and integration of digital health tools and technologies in clinical settings to deliver, coordinate or enhance patient care.

Our four priorities		How we deliver change
Embed digitally enabled care in clinical governance RISK Digitally enabled care is treated as an IT initiative, outside of clinical governance. FOCUS Integrate the principles in the National Model for Clinical Governance across digitally enabled care. OUTCOME Robust clinical governance underpins digitally enabled care, and digital health tools and technologies.		Clinical governance
Strengthen virtual care quality RISK Virtual care lacks nationally consistent standards that drive high-quality care. FOCUS Set and steward nationally consistent standards for virtual care. OUTCOME National leadership of continuous improvement in virtual care quality.		Standards and accreditation
Advance connected care through standardised data RISK Unstructured, siloed data widens communication gaps, which fragments care and risks patient harm. FOCUS Work with partners so data is easily created, collected and used to drive action across the care continuum. OUTCOME High-quality standardised data enhances coordinated decision making and continuity of patient care.		Partnerships and collaboration
Lead system-wide quality improvement in digitally enabled care RISK Rapid digital innovation outpaces credible guidance and creates risks. FOCUS Provide proactive national guidance to enable consistent practice. OUTCOME The Commission leads quality improvement in digitally enabled care.		National guidance

Foundational principles

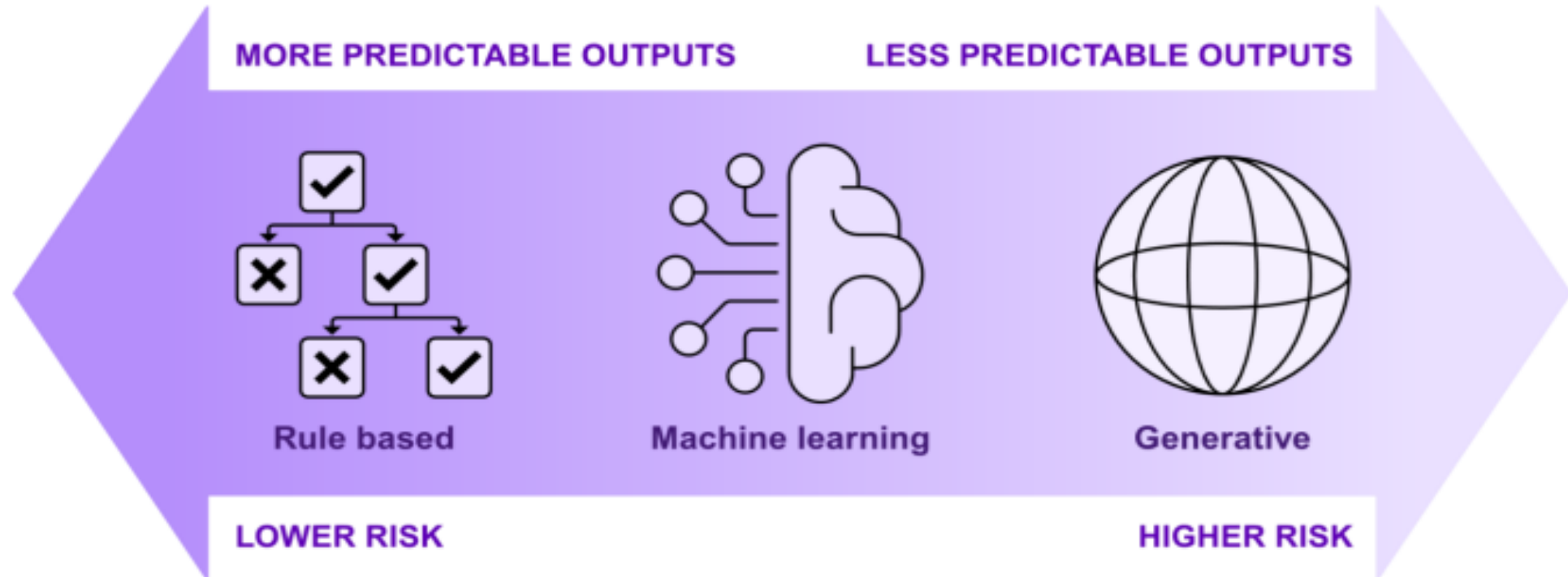
These principles underpin all four priorities and guide how the Commission works.

Build capability Supporting sectors, services and communities, particularly rural and remote regions, to build enduring digital capability that strengthens the quality of care.	Support equity and access Enabling equity and access through culturally safe design for First Nations people, and supports for diverse communities.	Strengthen trust Strengthening clinician and consumer trust in digitally enabled care through governance, evidence, and shared design.
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For more information visit: safetyandquality.gov.au/digital-health

Scan for more information 

Types of Artificial Intelligence Tools



**E.g. Drug-interaction
checker in EMR**

**E.g. Breast screening
mammograms**

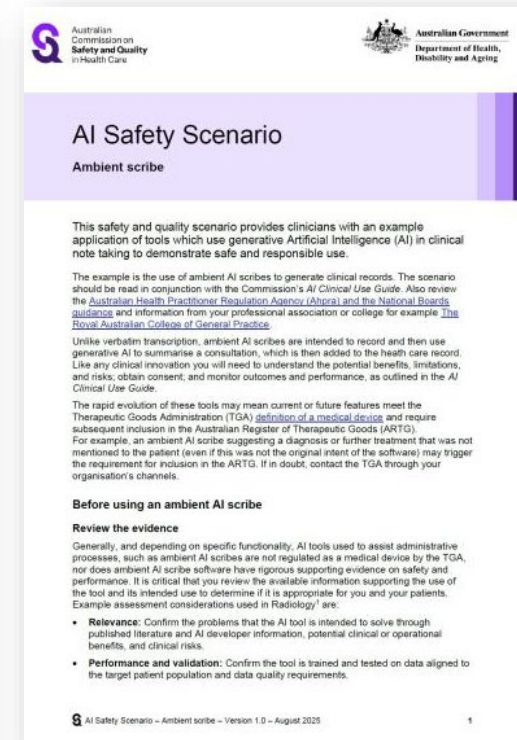
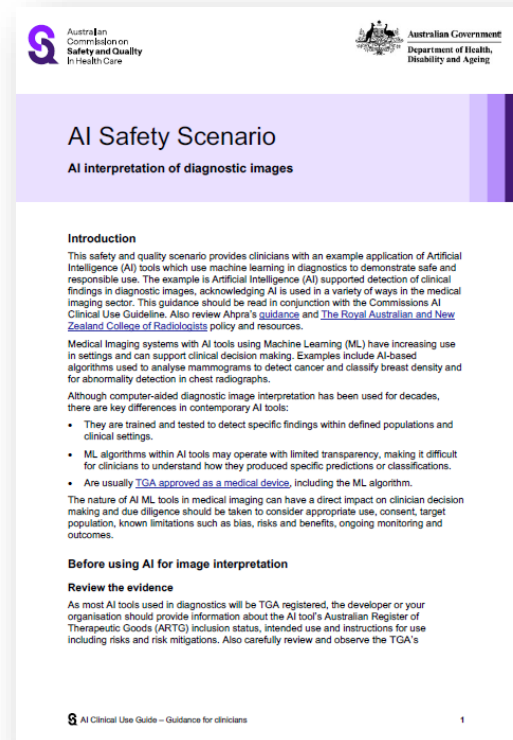
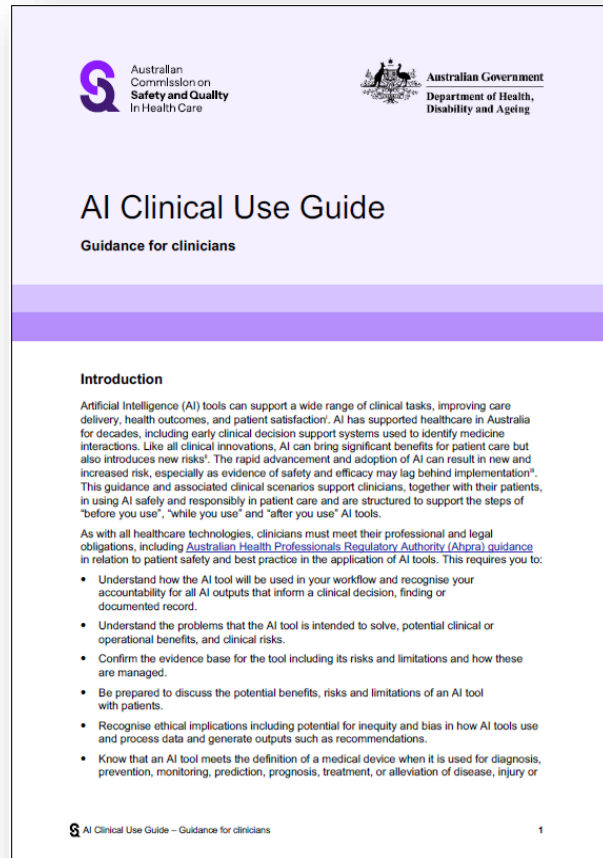
**E.g. Ambient AI
Scribes**

Current AI Landscape

- Artificial Intelligence tools are being rapidly deployed across the sector, often ahead of robust evidence.
- These tools have the potential to improve the delivery of care.
- The TGA regulates AI tools that meet their definition of ‘software as a medical device’.
- Gaps exist between published whole-of-economy AI principles and guidance, and practical application in healthcare
- Sentiment about AI is mixed; building trust is key

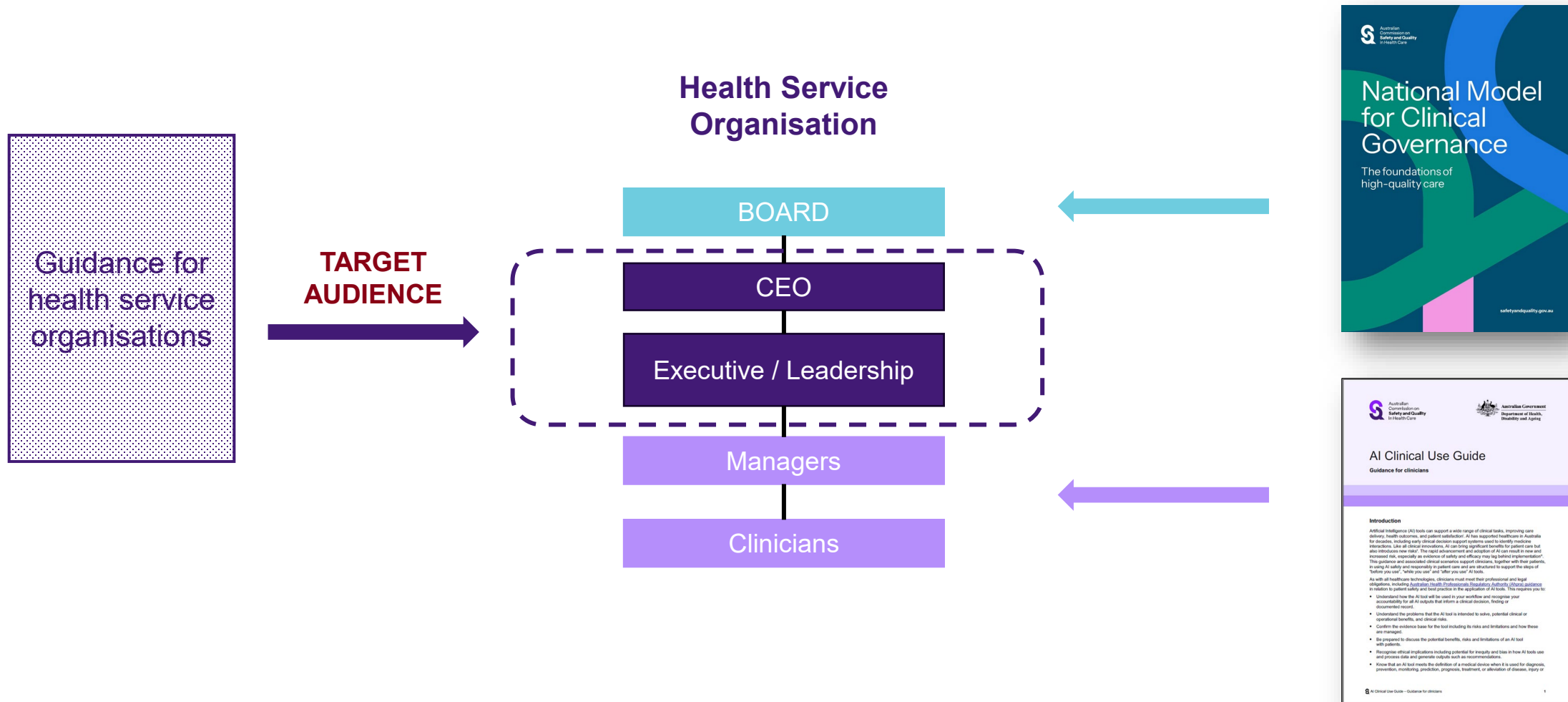
Commission Work on AI

- AI Guidance for Clinicians - Released 12 August 2025



www.safetyandquality.gov.au/AI

AI Guidance for Health Service Organisations



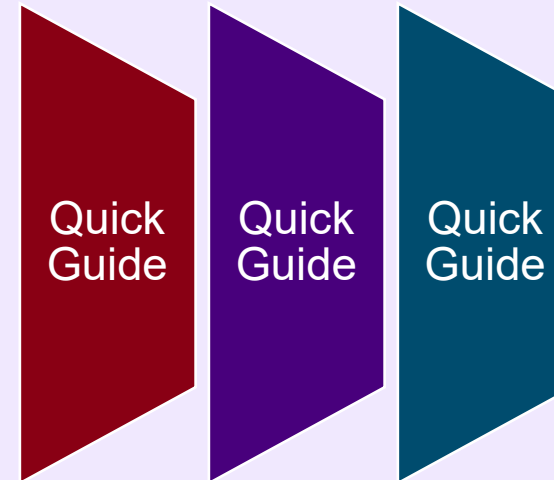
Proposed AI Guidance

Core Guidance

- Provides a concise overview of the current regulatory and policy landscape. Seek to cross-reference without duplication.
- Identify overarching principles and suggested actions drawing from:
 - Evidence-based literature
 - National model for clinical governance
 - Pragmatic AI guidance for clinicians
- Explore how AI governance can be integrated in existing governance and business processes like:
 - Clinical governance
 - Ethics and innovation frameworks
 - Data governance
 - Risk management
 - IT service management



Supplementary guides



Focus on high-priority
adoption scenarios or topical
issues

The Challenge

Defining 'health service organisation'

Any health service that employs clinicians to provide direct patient care and the use of AI is likely to have a direct impact on the patient

Examples of in-scope health service organisations

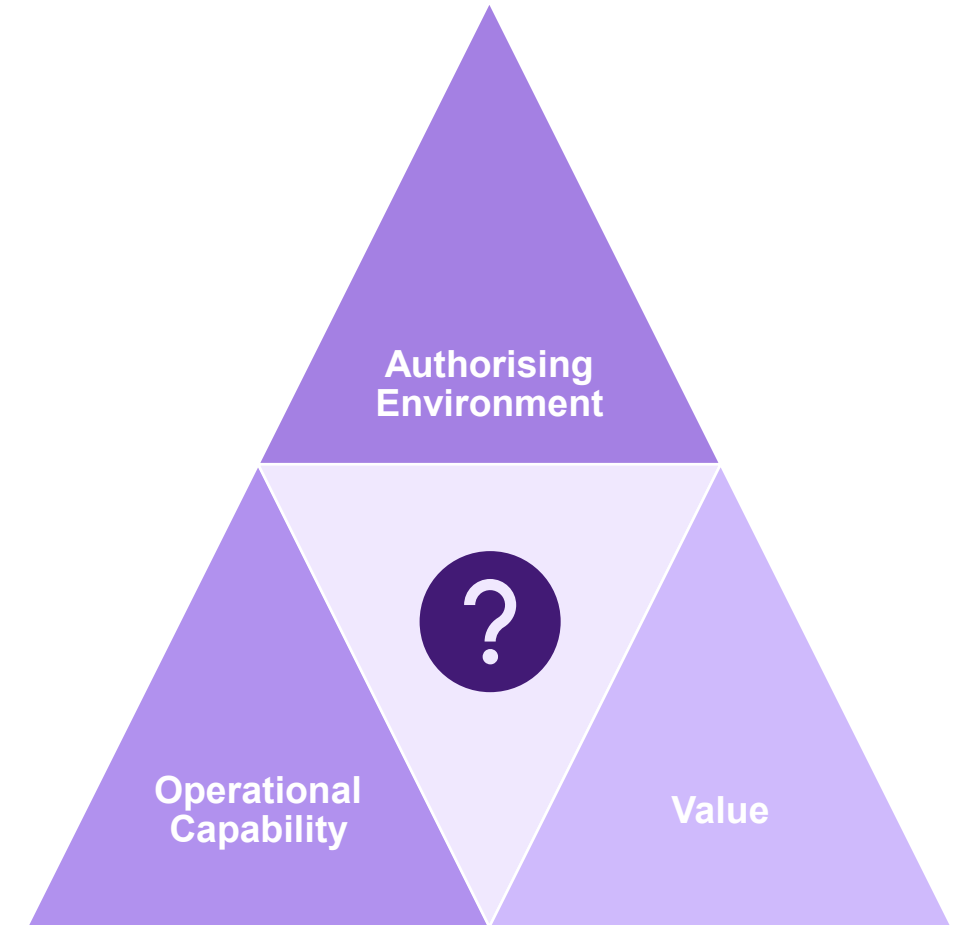
Public and private hospitals ♦ Day procedure services ♦ Residential care facilities ♦ GP and other medical clinics ♦ Allied health clinics ♦ Virtual care services ♦ ACCHOs ♦ Community pharmacy ♦ Pathology and Imaging services

The Strategic Triangle

Our approach to ensuring guidance can be applied to a broad range of health services is to encourage organisations to understand their 'Authorising Environment'.

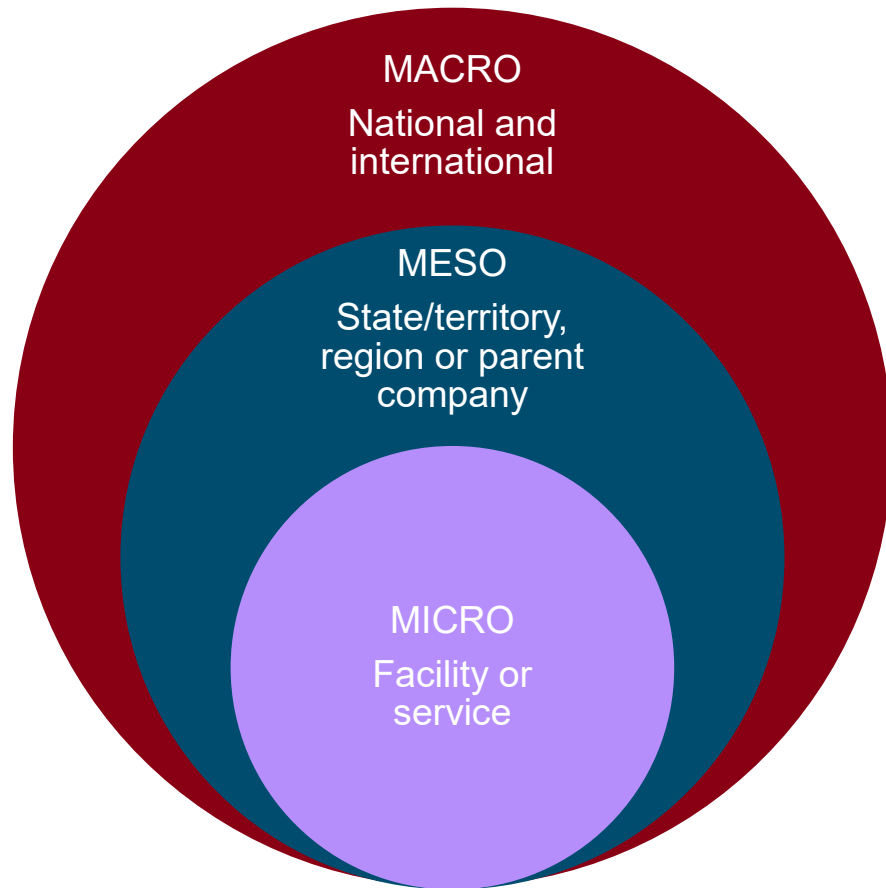
Using this approach, health service organisations should start by considering three key elements:

- **VALUE:** What is the problem and is AI the best way to solve it?
- **OPERATIONAL CAPABILITY:** Do we have the capability and resources to implement and maintain the AI tool?
- **AUTHORISING ENVIRONMENT:** What are the formal (e.g. legislation) and informal authorities (e.g. culture and social licence) necessary to enable AI adoption?



M. H. Moore. Strategic Triangle. Adapted from APS Academy 2022

What does this mean for ACCHOs?



Governance layer	Sources of authority
MACRO	Legislation (Federal) (e.g. Privacy Act) Regulatory requirements (e.g. SaMD) International standards (e.g. ISO/IEC TR 18988 Artificial intelligence) National Model for Clinical Governance
MESO	Legislation and regulatory requirements (State/territory) Policy directives and mandates State/territory AI frameworks
MICRO	Board and corporate governance Executive approvals and delegations Licensing/Accreditation requirements (e.g. NSQHS Standards, NGPA Scheme) Organisational strategy alignment Clinical governance committees Operational policies and procedures Workforce scope of practice and credentialling

MENTIMETER ACTIVITY

What does the 'authorising environment' look like in an ACCHO?



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MENTIMETER ACTIVITY

What are your biggest concerns about AI adoption for ACCHOs?

Examples from academic research:

- Bias and inequity
- Data privacy, security and governance
- Data sovereignty
- Performance and monitoring
- Transparency and consent
- Accuracy and hallucinations
- De-skilling of workforce



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Scenario Discussion

Aunty Dora (68 years old) attends the Aboriginal Health Service in her regional town for a chronic disease management review with her GP. She attends with her adult daughter.

At the start of the consultation the GP mentions that “the computer is helping with notes today” and gets Aunty Dora’s consent to continue.

The AI ambient scribe transcribes the full consultation including:

- Aunty Dora’s diabetes management and mental health
- A disclosure by Aunty Dora that she has been experiencing family violence
- The daughter’s contributions to the conversation



Let's have a yarn

What does culturally safe care look like when obtaining consent to use an AI scribe?

Think about...

- How should consent be taken?
- Should consent be taken every time or just the first time it is used?
- How should non-consent be handled?



Research Spotlight: Indigenous-led & self-determined AI

- CSIRO research co-led by three Aboriginal scientists
- Engaged directly with ACCHOs to identify the most pressing priorities and questions surrounding AI applications in Aboriginal and Torres Strait Islander health
- Recommendations categorised under three overarching priorities:
 - AI health literacy and cultural appropriateness
 - Indigenous data sovereignty and Indigenous data governance
 - Self-determination in AI development and implementation

Outcome: Findings are being used by the project team to co-design self-determined AI tools in Aboriginal and Torres Strait Islander Health





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Thank you



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ACSQHCdigitalhealth@safetyandquality.gov.au



FirstNationsHealth@safetyandquality.gov.au