Learning Health System Strategic Advisory Committee

Chair's report – 21 October 2026

The Learning Health System Strategic Advisory Committee ("the committee") met for the seventh time on 21 October 2026.

The committee continues to advise on the drafting of Guiding Principles for research and public health use of My Health Record data. This meeting provided a thematic deep dive on Guiding Principle 6, which aims to ensure that My Health Record data is used to improve care, health, and wellbeing. Committee members considered what conditions would need to be met in order to achieve the aims of Guiding Principle 6, including that the purpose of data use is health related, not solely commercial, and can reasonably be expected to serve the public interest.

As part of discussion the committee considered (1) the meaning and application of the term 'public interest', (2) the Five Safes data governance framework, and (3) the conditions that should apply where research or public health use involves commercial access to data.

Members agreed that the governance approach should enable data use that delivers meaningful public benefit (to individuals, community, and the health system) while protecting privacy and public trust.

Enabling access in the public interest

Professor Angela Ballantyne from the University of Otago delivered a presentation on the role of public interest in health data governance. The presentation distinguished public interest from public benefit, public support, and the interests of the state. It highlighted that public interest is a broad concept which may include collective social value, justice and the equitable distribution of benefits, individual and collective rights. It may also encompass considerations such as scientific merit, knowledge generation and innovation, accountability, transparency, public engagement, harm minimisation, and proportionality.

The committee supported reference to public interest within the relevant principle but advised that there should be guidance about the meaning, without adopting an unduly prescriptive or inflexible definition. The meaning should allow for appropriate response to different circumstances, and also learning over time, while continuing to reflect societal values and align with reasonable public expectations regarding research and public health use of health data.

Discussion recognised that a proposed use may serve the public interest even where its direct benefit relates to a small or priority population. The significance, likelihood and timeliness of anticipated benefits should be considered, together with scientific merit and methodological validity of research. Governance arrangements should allow relevant expertise and affected community perspectives to inform the assessment processes.

Five Safes framework

Committee members Bindi Kindermann from the Australian Bureau of Statistics, and Michael Frost from the Australian Institute of Health and Welfare, delivered presentations on how their

respective organisations apply the Five Safes framework. The presentations described the substantial investment in people, processes, secure environments, and technical systems required to operationalise the framework at scale. They also emphasised that the five dimensions of the Five Safes Framework should be assessed both individually and collectively, as stronger controls in one dimension may allow greater flexibility in another.

The committee supported restructuring Guiding Principle 6 around safe projects, safe people, safe settings, safe data, and safe outputs. Each dimension will be supported by operational principles that outline how it will be applied within the framework as part of a holistic assessment of proportionate governance. The approach should be consistent with that taken by the Australian Institute of Health and Welfare's framework, in recognition of AIHW's role as the prescribed data custodian. However, the approach may also draw on other relevant experience, such as that of the Australian Bureau of Statistics.

Commercial involvement

The committee considered the position in the 2018 Framework to guide the secondary use of My Health Record system data. The Framework states that applications should be assessed according to the proposed use rather than the type of applicant, and that solely commercial uses should not be permitted. Members recognised that the boundary between commercial and non-commercial activity is increasingly blurred through public-private partnerships, university commercialisation and industry-supported research.

The committee supported retaining the use-not-user approach and the prohibition on solely commercial use. It was also noted that commercial participation may provide expertise, investment, and pathways to health benefit, but may also create risks to equity, public confidence, and the reputation of the program. Any use involving commercial interests should therefore demonstrate a primary, sufficient and proportionate public benefit and remain consistent with the public interest.

Commercial involvement in any use may prompt further scrutiny, including consideration of history of responsible data use, and adoption of additional safeguards, such as partnership with government or another trusted organisation as well as any plans for benefit-sharing.

Commencing targeted consultation

The committee received an update on research consultation led by the Australian Research Data Commons and Research Australia. The consultation highlighted opportunities for research offered by My Health Record data compared to other available datasets. The Department of Health, Disability and Ageing is planning targeted roundtables with consumers, communities, clinicians, and healthcare providers. These targeted consultations will inform development of advice to government on benefits and costs of establishing the governance, technical infrastructure and data management approaches needed to enable use of My Health Record data. These consultations will explore what uses of My Health Record data stakeholders consider valuable and in the public interest.

Future implementation of research and public health uses of My Health Record data is subject to decisions of government. Should government support a proposal to allow such use of My

Health Record data, there will be further public consultation to inform its implementation.

Looking forward

The committee will continue targeted consultation, development of use cases and further thematic consideration of governance principles. Future governance work will also need to consider how rules interact with technical control, including secure data environments, organisational capability, and privacy-enhancing technologies. The committee next meets in person on 8 December 2026.