GENDER DIVERSITY IN AUSTRALIA'S DIGITAL HEALTH WORKFORCE

Special Report
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AIDH Australasian Institute of Digital Health
Australian Library and Information Association
digital health CRC
Australian Government Department of Health and Aged Care
RMIT University
The University of Melbourne
Health

GENDER DIVERSITY IN AUSTRALIA'S DIGITAL HEALTH WORKFORCE

SPECIAL REPORT, 2024

James C[1]; Zevgitis L[1]; Arabi S[2] (2024), Gender Diversity in Australia's Digital Health Workforce Special Report, 2nd edn. Australia

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ACKNOWLEDGEMENT OF COUNTRY

Telstra Health, Digital Health Cooperative Research Centre Limited (DHCRC), Royal Melbourne Institute of Technology (RMIT University), University of Melbourne, the Department of Health and Aged Care, Australasian Institute of Digital Health, Australian Library and Information Association Health Libraries Australia and the Health Information Management Association of Australia acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters and community.

We pay our respects to them and their cultures, and to Elders both past and present.

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Disclaimer: This report contains general information only and the findings of the report are based on the views expressed by survey respondents.

EXECUTIVE SUMMARY

A Specialist Digital Health Workforce Census ran in Australia between 1 July and 13 August 2023. The partners in this research were Telstra Health, Digital Health Cooperative Research Centre Limited (DHCRC), RMIT University, The University of Melbourne, the Department of Health and Aged Care, Australasian Institute of Digital Health, Australian Library and Information Association Health Libraries Australia, and the Health Information Management Association of Australia. A summary report of findings can be found at **https://digitalhealthcrc.com/publications/specialist-digital-health-workforce-census-summary-report/**.

The 2023 Census included specific gender diversity questions that aimed to address the lack of research and data on gender diversity in digital health in Australia and internationally. This Special Report summarises the findings of those questions to present the current status of gender diversity in this workforce. It also compares and reflects on relevant findings from the 2021 Census (Understanding-Gender-Diversity-in-Digital-Health_Report-1.pdf (telstrahealth.com)

The 2023 results indicate the following key areas of concern in the digital health workforce:

- salary
- work/life balance
- organisational attitudes.

METHODS

The gender diversity in digital health survey was conducted as part of the Specialist Digital Health Workforce Census by Telstra Health, RMIT, University of Melbourne, Digital Health Cooperative Research Centre Limited (DHCRC) and the Department of Health and Aged Care, Australasian Institute of Digital Health, Australian Library and Information Association Health Libraries Australia, and the Health Information Management Association of Australia. The online survey was conducted between 1 July and 13 August 2023.

In 2023, the Global Specialist Digital Health Workforce Census partnered with the Brilliant Connected Women in Digital Health Initiative to explore gender diversity in the digital health workforce on a global scale. The questions from the Brilliant Connected Women in Digital Health Initiative were included in the Census as a section that participants could opt-in to complete. This report presents the findings from those who opted to answer the gender diversity questions alongside the main census questions.

There were 551 anonymous responses to the survey. The breakdown was 27.2% males, 71.1% females and 1.6% people who identified as non-binary or other.

Respondents included people of all ages. The breakdown for these age groups was 5.6% under the age of 30, 20.5% between 30-40, 25.1% between 40-50, 33.1% between 50-60 and 15.6% over the age of 60.

Most (93.8%) individuals do not identify as an Indigenous person or identify with a particular cultural community. There were no major differences between genders.

Of respondents who reported more than 10 years of experience in the digital health sector, 70.4% of respondents were female and 27.9% were male.

The location of respondents was highest in Victoria (39%), with other states and territories summarised below:

- NSW 27.2%
- QLD 17.2%
- WA 5.4%
- SA 4.3%
- TAS 2.9%
- ACT 2.2%
- NT 1.3%

Throughout these locations, 66.2% of female respondents were Australian citizens; of the male respondents 24.2% were Australian citizens.

While this survey seeks to understand the issue of gender diversity, the survey partners acknowledge diversity is more than gender. A workforce comprising people from a range of different social and ethnic backgrounds, sexual orientations, experiences and beliefs provides a richness to foster greater innovation, connection to customers and helps people thrive.

Total responses

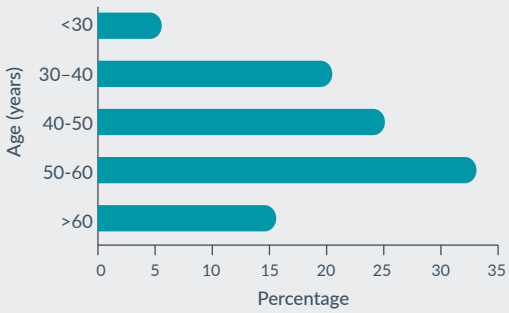
551 PEOPLE

♀ 71.1% FEMALES

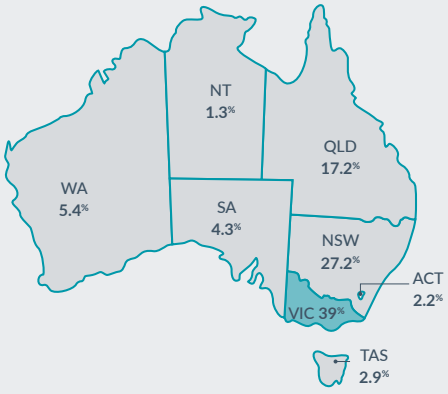
♂ 27.2% MALES

⚥ 1.6% NON-BINARY

Respondents



Location of Respondents



This report was developed by the following authors and published in October 2024:

- Claire James (Telstra Health)
- Lauren Zevgitis (Telstra Health)
- Dr. Salma Arabi (RMIT University)

Thank you to the respondents who took the time to contribute their perspectives to this report.

"

When we look at the data from the past three censuses over the last five years, we see a growing pattern across the workforce. The more traditional roles that were once paper focused, such as health librarians and clinical coders, are held by older women, whereas the roles that have emerged over the past two decades, such as informatics, technology, and data science roles, are predominantly held by younger men. This is a concerning trend seen in other fields that we need to change today.

– **Kerryn Butler-Henderson,** RMIT

"

Improving gender equity in the digital health workforce can have an important impact on person-centred care. There is a documented digital health gender gap producing inequitable and suboptimal experiences for women in their roles as patients and carers: digital health tools may not address their needs; digital access to personal health data may make them vulnerable; health app designs and decision-support algorithms may be biased against them (Figueroa et al. 2021). Elevating the status of women in digital health management, investment, research and innovation roles can bring greater sensitivity to these issues. However, achieving this workforce reform has to build on a broad base of women with secure work in specialist digital health roles. The census data can help to assess, target and overcome obstacles to women's representation in the digital health workforce.

– **Kathleen Gray,** The University of Melbourne

BACKGROUND

The 2024 Australian report card on the status of women shows that Australia has the fourth highest level of tertiary educated women in OECD countries. However, it also reports that Australian women still earn less than men, do more hours of unpaid care and are less likely to be in leadership positions *(Australia,DP&C 2024)*. The 2022-2023 Gender Equality Scorecard points out areas of employer action, progress, and positive change *(Australia, WGEA 2023)*.

In Australia, women are under-represented in science, technology, engineering and mathematics (STEM) with only 15% of STEM-qualified jobs being held by women. Among senior management roles, women only take up 25% of these positions and there are only 10% in CEO-level roles. However, looking at a university level, women's enrolments make up 37% of students in STEM related courses *(Australia, D. of I, 2024)*.

The health workforce, on the contrary, is predominantly female, with 74% of roles being held by women. The majority of these roles are in the fields of nursing and midwifery *(AIHW, 2024)*.

Digital health is characterised by non-linear career pathways, and workers with a wide range of backgrounds, skill sets and credentials *(Butler-Henderson et al. 2023)*. Such diversity sets this workforce apart from other areas of the health workforce. Data from the workforce census can contribute to understanding to what extent this unstructured and unregulated part of the health workforce offers recognised and rewarding roles, or poses barriers to entry and progression, in particular for women.

THE DIGITAL HEALTH WORKFORCE

WHAT IS DIGITAL HEALTH?

Digital health, an evolutionary step in the 75-year history of information and communication technologies in the health sector, emerged in the 1990s *(Stephanie & Sharma, 2020)*. In Australia, a widely used definition is "health and healthcare in the context of digital societies (the people, organisations and things engaged in persistent digital interactions" *(Rowlands, 2020)*. Digital health gives the health workforce the ability to:

- harvest data, information and knowledge in real time from all sorts of human activities (not just formal interactions with the health system or conventional types of "health" data);
- use sophisticated analytics to derive new health knowledge from these data, and to build algorithms that automate decision-making about health management;
- intervene in a wide range of societal and economic activities and technologies to influence better health outcomes and better value for health investments; and
- be citizen-centred, be decentralised, and work in partnership with their patients in the provision of health services.

WHO IS A DIGITAL HEALTH WORKER?

A Specialist Digital Health Worker is defined as anyone in the workforce—whether employed, volunteering, or actively seeking work – where the primary functions of their role relate to health data, information, or knowledge. This role may encompass both a Specialist Digital Health component and additional responsibilities, such as clinical or management tasks. Functions may include analysing, designing, developing, implementing, maintaining, managing, operating, evaluating, or governing data, technology, systems, and services within the health sector *(Butler-Henderson et al, 2021).*

THE STRATEGIC ENVIRONMENT

The Australian Government 2023 – 2024 budget included new funding of nearly one billion dollars over four years for digital health *(Budget 2024-25, 2024)*:

- $325.7 million to keep the Australian Digital Health Agency running and continue to deliver important digital health infrastructure
- $429 million to update and modernise My Health Record
- $126.8 to re-establish the Intergovernmental Agreement on National Digital Health, to promote interoperability across the health system
- $111.8 million to enhance electronic prescribing and targeted digital medicines.

Global business forecasts for digital health in 2024 highlight growth opportunities such as new digital tools that allow service providers and suppliers to interact more directly with patients and clinicians; and alternative health care models that operate in locations more convenient for consumers. Notably, they single out opportunities for data-driven health care companies that offer integrated, end-to-end women's health care pathways. *(Boston Consulting Group, 2024)*.

Globally, health systems were challenged by workforce shortages and continuing to respond to the challenges and disruption from the COVID-19 pandemic, meaning in many cases, digital programs were delayed or their scope had changed *(Filip et al., 2022).* The pandemic has continued to alter the way in which Australians live with flexibility for remote and hybrid arrangements continuing to shake-up traditional gender paradigms, and expectations of more health services being available virtually *(Australia NHMRC, 2022*).

CAREER PROGRESSION

WORK ARRANGEMENTS

Work arrangements cover where the respondents worked, whether that be in office, remote or a hybrid of both. It also includes the flexibility of the organisation for staff to choose the location of where they work and the times of day they dedicate to the job.

The highlight from the survey showed the main difference between men and women was those who had to work prominently on-site/in office around specified core operating hours. Women made up 33.6%, while men were further behind at 26.0%. In nearly all other areas of work arrangements, males had more flexibility to choose their location and hours of work.

♂ 26.0% MEN
♀ 33.6% WOMEN

WORKED ON-SITE AROUND SPECIFIED HOURS

WORK ARRANGEMENTS

	WEEK-BY-WEEK MODEL	PREDOMINANTLY REMOTE WORKING	PREDOMINANTLY ON-SITE/ IN-OFFICE BUT WITH FLEXI-TIME
♀	2.41% FEMALE	19.79% FEMALE	22.99% FEMALE
♂	0.68% MALE	23.29% MALE	26.03% MALE
	My employer assigns a certain number of weeks each month when I need to be physically present on-site/in-office. I can spend the following weeks working remotely	Ability to work most scheduled hours at a place other than the main office/on-site location of my employer	Ability to select my own start and finish times within a range of hours around core operating hours

	PREDOMINANTLY ON-SITE/IN-OFFICE AROUND SPECIFIED CORE OPERATING HOURS	AT-WILL MODEL
♀	33.69% FEMALE	21.12% FEMALE
♂	26.71% MALE	23.29% MALE
		I can visit the office or stay at home according to my work schedule and preferences. My employer does not prescribe a certain number of days for onsite or remote work

Further, when the respondents were asked to rate their productivity when in their usual mode of work, the results showed that over one-third (34.5%) of women rated themselves a perfect score of 10 out of 10, whereas men were more likely to rate themselves an 8 out of 10 (28.7%). Both men and women rated their satisfaction with their usual mode of work the same.

When it came to the alignment between their typical work style and their work preference, 44.4% of women gave themselves a 10 out of 10, whereas only 38% of men gave this high score.

CAREER ADVANCEMENT AND CAREER CHANGES

When asked what the most important aspect was when considering a new job or advancing in their career, both men and women chose 'using my skills' and 'work/life balance' as their top picks. The main difference was when it came to flexible work conditions, with 12.5% of females picking this option as opposed to only 7.3% of males.

♂ 7.3% MEN

♀ 12.5% WOMEN

CHOSE FLEXIBLE WORK CONDITIONS

> *"The work/life balance is very difficult to navigate in Digital Health. It can be never ending and very difficult to manage time."*

WHAT IS MOST IMPORTANT TO YOU WHEN CONSIDERING A NEW JOB OR CAREER ADVANCEMENT?

	Compensation	Job security	Work/life balance	Using my skills
♀	9.4% WOMEN	8.7% WOMEN	21.2% WOMEN	27.8% WOMEN
♂	10.0% MEN	6.7% MEN	22.0% MEN	30.7% MEN

	If the move will advance my career	Flexible work conditions	Other
♀	13.3% WOMEN	12.5% WOMEN	7.1% WOMEN
♂	14.0% MEN	7.3% MEN	9.3% MEN

INTENTION TO CONTINUE WORKING IN DIGITAL HEALTH

The survey highlighted 13.5% of women respondents acknowledged they are unsure about continuing their careers in digital health, compared to 23.3% of men.

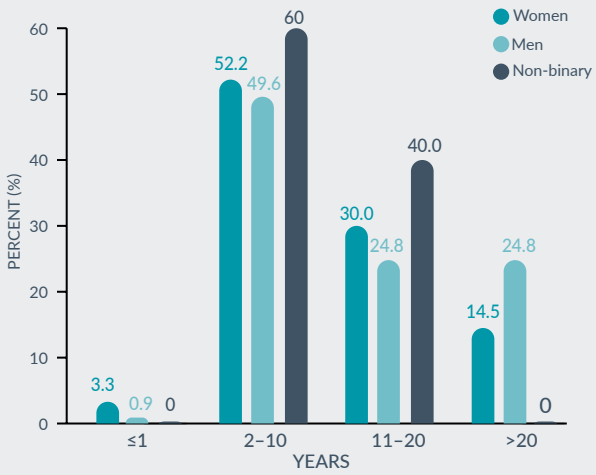
♂ 23.3% MEN

♀ 13.5% WOMEN

ARE UNSURE ABOUT CONTINUING THEIR CAREER IN DIGITAL HEALTH

Respondents were asked how long they intended to continue working in digital health, the survey asked whether they intended to stay for one year or less, 2 – 10 years, 11 – 20 years or over 20 years. The lower ranges had similar answers between both males and females. When it came to over 20 years, less women chose this answer with only 14.5% having the intention, while men remained higher at 24.7%. The survey noted that most respondents labeled their reason for leaving the industry as retirement.

INTENTION TO REMAIN IN THE DIGITAL HEALTH WORKFORCE



When asked if they would recommend someone pursue a career in digital health, 87.2% of all respondents said they would.

Another similarity for all genders was their work schedule, with most respondents working regular daytime hours.

87.2% ALL RESPONDENTS

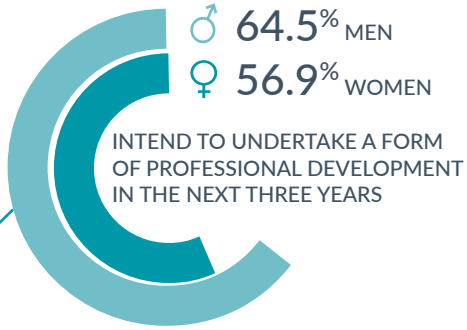
WOULD RECOMMEND A CAREER IN DIGITAL HEALTH

Compared to the previous report, less men have the intention to remain in the workforce (-14.4%) and more women intend to remain in the workforce (+9.4%).

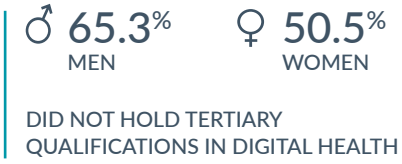
Slightly less respondents (-6.13%) would recommend a career in digital health.

PROFESSIONAL DEVELOPMENT AND TRAINING/QUALIFICATIONS

More males (64.5%) intended to undertake a form of professional development in the next three years, compared to women (56.9%). Preferred professional development options for all genders included networking groups and informal professional development.



A Bachelor or Masters degree was attained by most respondents with little difference between genders, including the 8.0% who also attained a PhD. More men (65.3%) did not hold a tertiary qualification in digital health, compared to women (50.5%). Interestingly, 71.8% of respondents did not hold a digital health credential, with little difference between genders.

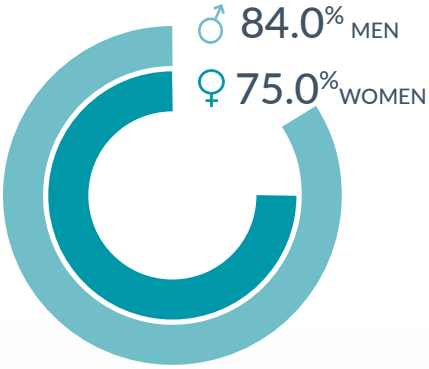


48% of men and women held a Certified Health Informatician Australasia (CHIA) certification. However, more women were certified with the Australian Library and Information Association (CP). Whereas more men were fellows of the Australasian Institution of Digital Health (FAIDH).

> *"Inconsistency in qualification/course content makes it difficult to navigate which options are best to proceed with for career benefits. Ability to attain qualifications in a flexible manner, while working full time, would also be useful in career progression."*

CAREER OPPORTUNITIES AND ATTRACTION

The survey asked respondents whether they independently sought out or created career opportunities. Slightly more men (84.0%) independently sought out or created career opportunities compared to women (75.0%).



On the other hand, when organisations are looking to help progress gender diversity, equity and career progression in digital health, the most commonly selected methods included in-house professional development, networking groups, and programs to assist employees' professional development.

> *"Women need to be provided with the same opportunities as men."*

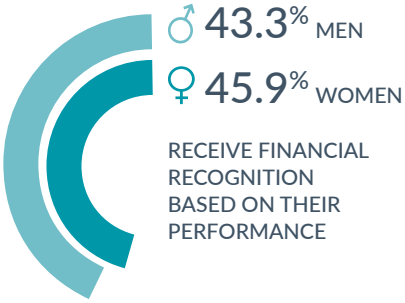
SALARY AND JOB SECURITY

The average weekly salary from all respondents was between $2,000 – 2,499. More men (16.7%) reported having a higher weekly salary of between $3,000 - $3,499 compared to women (4.5%). The salary difference continued to be evident in both men and women who had worked in digital health for over 20 years, with most women reporting earning $2,000-$2,499 per week, whilst most men reported earning $3,000-$3,499 per week.

♂ 16.7% MEN ♀ 4.5% WOMEN

HIGHER THAN AVERAGE WEEKLY SALARY COMPARISON

However, a similar percentage of men and women believe that they receive financial recognition based on their performance – 45.9% of women and 43.3% of men.



♂ 46.6% MEN ♀ 41.0% WOMEN

HAD AN OPEN DISCUSSION ABOUT THEIR PAY WITH THEIR IMMEDIATE SUPERVISOR IN THE PAST 12 MONTHS

The survey found men were more likely than women to have had an open discussion about their pay with their immediate supervisor in the past 12 months (46.6% men, 41.0% women), and were also more likely than women to say they understand the pay and bonus decision-making criteria and processes.

Job security was ranked slightly higher by women when considering a new job or career advancement, at 8.6%, with males at 6.6%.

> *"There is a lack of recognition for clinical health informatics in many organisations. For example, there is no recognition of nurses in informatics roles, therefore, we miss the opportunity for remuneration based on nursing awards."*

Approximately 10% more women have more than 10 years' digital health experience in the workforce compared to the previous report.

15.3% less men feel they receive financial recognition based on performance compared to the previous report.

Mean weekly income for women is still less than men ($500-$1,500 less for women per week before tax).

A DEEP LOOK INTO THE DIGITAL HEALTH SECTOR

REPRESENTATION OF WOMEN IN DIGITAL HEALTH

Management positions held by both men and women in the digital health sector differed in the respondents. More women (34.1%) were managing others compared to men (13.4%).

More men (46.3%) than women (26.8%) said they desire to reach senior leadership level, while 54.9% women and 36.2% men said they do not desire to reach senior leadership level.

♂ 46.3% MEN ♀ 26.8% WOMEN

DESIRE TO REACH SENIOR LEADERSHIP LEVEL

> *"I feel that in my organisation and others I interact with there are numerous female staff and leaders."*

> *"Since joining a health organisation, I frequently find myself in meetings with senior stakeholders where I am the only female."*

ORGANISATIONAL ATTITUDES

Gender diversity at an organisational level was rated of the same importance to both men and women. Almost half (47.5%) of respondents agreed that workplaces care about this issue.

47.5% ALL RESPONDENTS

AGREED THAT WORKPLACES CARE ABOUT GENDER DIVERSITY AT WORK

However, more women felt that they needed to prove themselves in the workplace (55.6%) in comparison to men (50.3%), and more men (70.6%) than women (66.3%) said they believe their manager cares about their career progression.

When it comes to career development, more men agreed or strongly agreed that the organisation they work for cares about career development (54.0%) compared to 31.1% of women.

♂ 54.0% MEN ♀ 31.1% WOMEN

BELIEVE THEIR ORGANISATION CARES ABOUT THEIR CAREER PROGRESSION

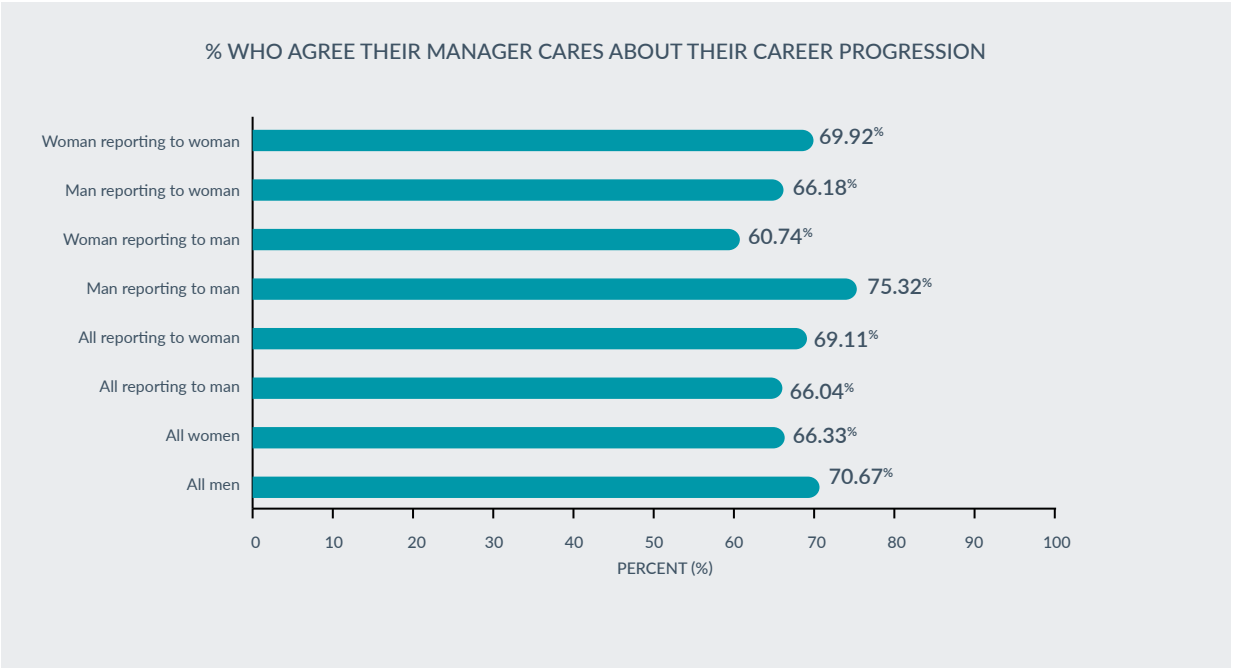
> *"I think that there are a number of policies talking about gender equality but on the ground, I still find that males are favoured over females – even by female leaders."*

> *"In my personal experience, there is already a balance of women at junior and senior leadership roles within my workplace, and my membership bodies, and local universities."*

> *"I only feel the need to prove myself in my job because of my own work ethic and standard, not because I'm a woman."*

"I feel more valued and supported working in digital health than I ever did working as a front-line health worker."

"The biggest effect for women with equity in the workplace is the motherhood penalty."



In comparison to the previous report, 17.2% less men and 15.7% less women felt that the organisation they work for cares about career development.

When asked if they need to prove themselves within their workplace or industry field due to gender bias, 37.7% more men and 15.8% more women said they do need to prove themselves.

MOVING FORWARD

Over 97% of women respondents believe progress and change needs to be made in order to reach gender equity, with 90% of men agreeing with this. In comparison, 10% of men disagree progress needs to be made.

97%

OF WOMEN BELIEVE PROGRESS IS REQUIRED

1 in 10

MEN DISAGREE

The top-rated ways to progress gender equity by both genders included:

- flexible working arrangements
- parental leave for men and women
- education and training opportunities.

> *"Flexible work arrangements and parental leave for men and women are the most important supports for me."*

Compared to the previous report, less respondents (-26.4%) agreed that their workplace cares about gender diversity.

The previous report showed 1 in 5 men disagree that progress needs to be made in reaching gender equity.

In 2023, over 7% more women believe there is progress to be made in reaching gender equity than in 2021.

COMPARISON

In the two years since the previous report was published in 2021, there have been positive outcomes for gender diversity in digital health across a range of areas. Some of these highlights include approximately 10% more women have more than 10 years' digital health experience compared to the previous report, and more women intend to remain in the workforce longer. In 2023, in relation to career progression, 10% more women believe their manager cares about their progression, however, 15% more women said they feel they need to prove themselves within their industry.

There were also areas that need further focus and attention from the industry to address gender equity that the results showed were still lacking or trended downhill since the previous report. At an organisational level, less respondents (-26%) agreed that their workplace cares about gender diversity, and 15% of women felt that the organisation they work for cares about their career development. The mean weekly income for women is still less than men per week, with women making $500 - $1,500 less per week before tax.

CONCLUSION

Addressing digital health workforce gender equity in public sector, private sector and third sector organisations in the health system can diversify representation, so that workers better reflect the communities we want the health system to serve.

Collaboration among everyone working in the sector is needed to drive the agenda forward. Examples of positive actions include: creating more flexible working arrangements, making parental leave policies more equitable, incorporating gender equity topics into digital health education and training curricula, and improving opportunities for all genders to access digital health learning and professional development.

As we move forward, it is important to maintain a commitment to gender equity that bridges the gap between men and women in the workplace, and paves the way for a sustainable sector where all people have the opportunity to thrive and improve the healthcare system through digital health innovations.

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ABOUT THE ORGANISATIONS

This research is supported by Telstra Health, Digital Health CRC Limited (DHCRC), RMIT University, University of Melbourne, the Department of Health and Aged Care, Australasian Institute of Digital Health, Australian Library and Information Association Health Libraries Australia, and the Health Information Management Association of Australia.

TELSTRA HEALTH

Telstra Health works to improve lives through digitally-enabled care for the community. Its purpose is to realise a connected and improved digital health experience for all.

By providing software products, solutions and platforms, Telstra Health works with care providers in the hospital, health service, pharmacy, and aged and disability care sectors to connect health information, clinicians and consumers.

Telstra Health's clinical and administrative systems, health data analytics, population health solutions, and information exchange platforms help providers to improve the quality, safety and efficiency of the healthcare they deliver. Telstra Health also helps enable clinicians to deliver care in new ways through virtual care solutions.

UNIVERSITY OF MELBOURNE

The University of Melbourne is one of the most esteemed and highest ranked universities in the world. Its graduates are encouraged to become well-rounded, thoughtful and skilled professionals making a positive impact across the globe. Its Faculty of Medicine, Dentistry and Health Sciences and its Faculty of Engineering and IT have collaborated in internationally recognised cross-faculty, interdisciplinary education and research in health informatics and digital health for over two decades. Its focus is on resolving major scientific, socio-technical and sustainability challenges that the world is facing today and into the future. Its longstanding engagement and widely held connections with communities, professions and jurisdictions at home and abroad enrich its education and research.

RMIT UNIVERSITY

RMIT University is one of Australia's original tertiary institutions. RMIT University enjoys an international reputation for excellence in professional and vocational education, applied research and engagement with the needs of industry and the community.

RMIT University is also a global university of technology, design and enterprise. It is a world leader in Art and Design; Architecture; Education; Engineering; Development; Computer Science and Information Systems; Business and Management; and Communication and Media Studies.

DIGITAL HEALTH COOPERATIVE RESEARCH CENTRE LIMITED (DHCRC)

The Digital Health Cooperative Research Centre (DHCRC) is advancing digital health innovation by linking academia, industry and government to accelerate research implementation, enable effective use of data, connect care, empower the health workforce and support consumers to confidently be in control of their health and wellbeing.

Together, we invest in research and development to support the growth of a strong digital health industry, improve patient outcomes and experience and deliver sustainable digital health solutions.

DHCRC is funded through the Australian Commonwealth Department of Industry, Science and Resources' Cooperative Research Centres Program and is supported by our 60+ participant organisations across the university, healthcare and technology industries.

DEPARTMENT OF HEALTH AND AGED CARE

The Department of Health and Aged Care works to deliver an affordable, quality health and aged care system and better health, ageing and sport outcomes for all Australians.

The department's vision is better health and wellbeing for all Australians, now and for future generations. The aim is to achieve the vision through evidence-based policy, well targeted programs and best practice regulation.

The strategic priorities include better health and ageing outcomes for all Australians, an affordable, quality health and aged care system and better sport outcomes.

AUSTRALIAN LIBRARY AND INFORMATION ASSOCIATION HEALTH LIBRARIES AUSTRALIA

The Australian Library and Information Association (ALIA), founded in 1937, is the national organisation for the Australian library and information services sector. Health Libraries Australia (HLA) is the national professional organisation within ALIA that represents librarians and information professionals working in all health sectors, including: hospitals and other clinical facilities, research institutes, regulatory agencies, pharmaceutical and biotechnology companies, government departments, regional health services, professional colleges, universities, cooperative research centres, not-for-profit and community organisations, and parts of public library services. The vision of Health Libraries Australia is that all Australians benefit from health library and information professionals' expertise that is integral to evidence based health care.

AUSTRALASIAN INSTITUTE OF DIGITAL HEALTH

The Australasian Institute of Digital Health is the peak professional body for digital health representing a united and influential single voice for health informatics and digital health leaders and practitioners.

The vision of the Institute is "healthier lives, digitally enabled".

Fellows and Members of the Institute represent health informaticians, clinicians, researchers, healthcare managers and executives, data analysts, designers, project managers, business analysts, technologists and innovators. As a leading member of the global health informatics and digital health community, the not-for-profit Institute is recognised as the forum for being part of and connecting with the national and global network – sharing international best practice, digital healthcare trends and health system innovation.

HEALTH INFORMATION MANAGEMENT ASSOCIATION OF AUSTRALIA

The Health Information Management Association of Australia Limited, (HIMAA) began in 1949 as the New South Wales Association of Medical Records Librarians and the Victorian Association of Medical Librarians. In 1955, the Australian Federation of Medical Records Librarians (AFMRL) was established.

The Health Information Management Association of Australia promotes and supports health information management professionals as the universally recognised specialists in information management at all levels of the healthcare system. We do this through positioning and advocacy, accreditation, education and training, certification and credentialing, quality standards, publications and resources, and HIMAA membership networking activities at local and national levels.