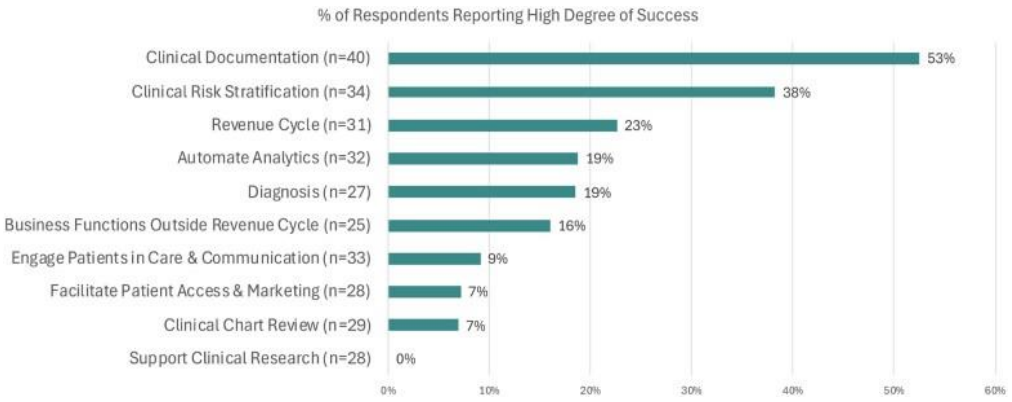
Introduction

This report investigates a sector within the Healthcare and MedTech industry and identifies and evaluates the impact that utilizing AI tools will have on the workplace. The investigation outlines the standard business model and structure of a sector in the industry, particularly the dental clinics, and where they can integrate and utilize AI tools to enhance their workflows. The focus is on how the future of this sector and business model would look like with the integration of different AI tooling, what structurally would change, the current and future employee roles, and the ethical and security compliance considerations in implementing these AI workflows. Finally, this report provides an executable way to test and evaluate these workflows in the dental sector by providing examples and ideas of different AI technologies that can be integrated, and with an additional overview of possible Model Context Protocol tool integrations.

Current Adoptions of AI

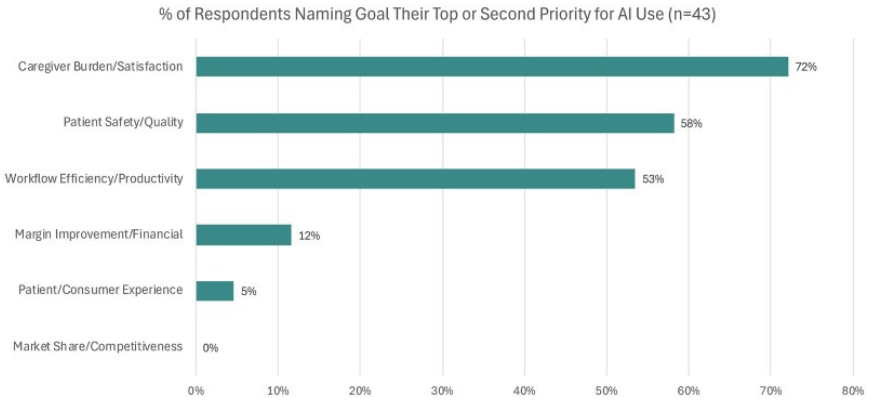
Investigating successful adoptions of AI in the Healthcare and MedTech industry reveals that the technology is prevalent and being battle-tested for deployment in the medical field. Looking at **Graph 1** below, it provides some ideas of what areas within organizations AI deployment and integration has had a high degree of success in.



GRAPH 1 – SURVEY DISPLAYING THE HIGH DEGREE OF SUCCESSFUL USE OF AI IN ORGANIZATIONS.[3]

This clearly demonstrates that AI integration is highly sought after and has many areas of high degrees of success. **Graph 1** demonstrates that across the board; in documentation, in strategizing, in analytics, in diagnosis, in revenue calculations, it is being utilized and integrated everywhere.

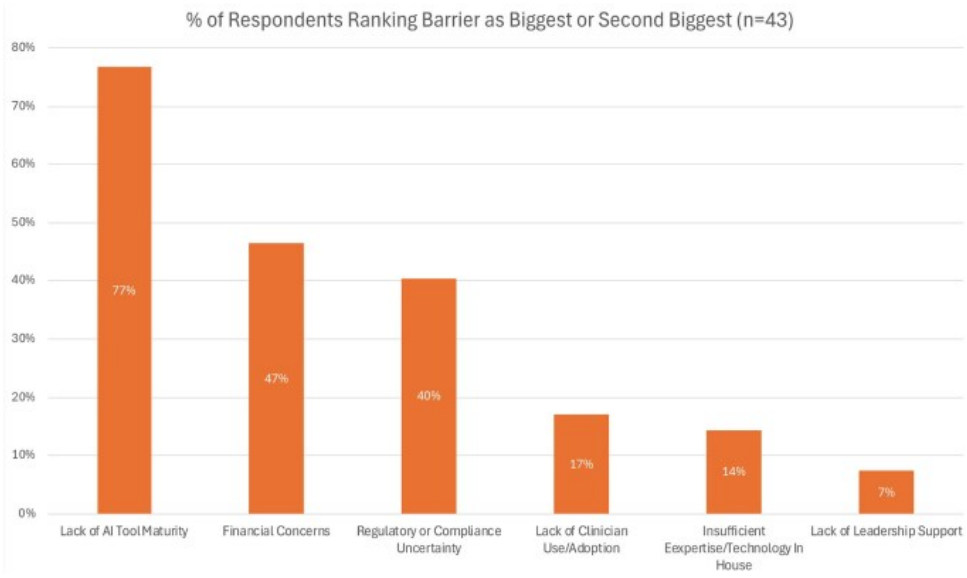
Next, investigating where the current technologies, or incoming technologies, that will be prioritized for integration, and can be seen in **Graph 2** below.



GRAPH 2 – SURVEY DISPLAYING THE PRIORITIES OF AI USE IN ORGANIZATIONS.[3]

The top three priority use cases of AI are caregiver burden/satisfaction, patient safety/quality and workflow efficiency/productivity. This provides the key points we should investigate and consider new technologies for, when we provide potential technologies and workflows in the industry.

Investigating potential technologies is a positive venture, but there are still some points of concern to address.



GRAPH 3 – SURVEY DISPLAYING THE CONCERNS OF INTEGRATING AI IN ORGANIZATIONS.[3]

Graph 3 demonstrates these concerns by categorizing the ‘barriers’ that are preventing AI technologies from being considered, utilized and integrated right now. The top three are the lack of tool maturity, financial concerns, and regulatory or compliance uncertainty. These are three considerably important points to investigate and contemplate when integrating AI tools into workflows.

Standard Dental Clinic Business Model

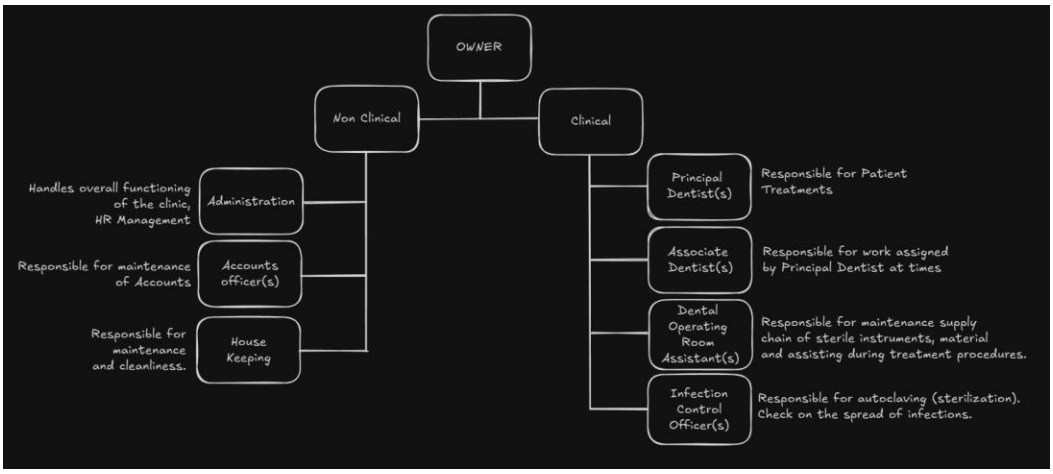


FIGURE 1 – DENTAL HOSPITAL ORGANIZATIONAL CHART.[4]

In a standard dental clinic, there are two primary branches of the staff of who handle different roles within the business. The non-clinical branch are positions that focus on running the business and may not usually be interacting with patients and customers. The clinical branch are positions that focus on interacting with patients and customers and do so daily. **Figure 1** represents these branches and roles within the business, providing brief description of each role.

To briefly describe, starting with non-clinical branch, the administration position handles overall functioning of the clinic, the account officers handle the maintenance of business accounts and finance, and the house keeping maintain and manage the cleanliness of the locations. For the clinic side, the principal dentists are responsible for patient treatments, the associate dentists are responsible for delegated and direct work assigned by principal dentists, dental operation room assistants and manage the supply chain of materials and instruments during procedures, and the infection control offices focuses on sterilization and spread of diseases.

In the clinical branch, between the staff members, they all cross-communicate daily to coordinate patients, treatments, procedures, sterilization and payments. In the non-clinical branch, between the staff members, they cross-communicate to manage the business, accounts, and buildings of the business. Both branches of the business do cross-communicate when processing information about patients, processing transactions, procuring equipment, wages, and so on. These interactions are likely to be daily, but some may be weekly like procuring new equipment in bulk.

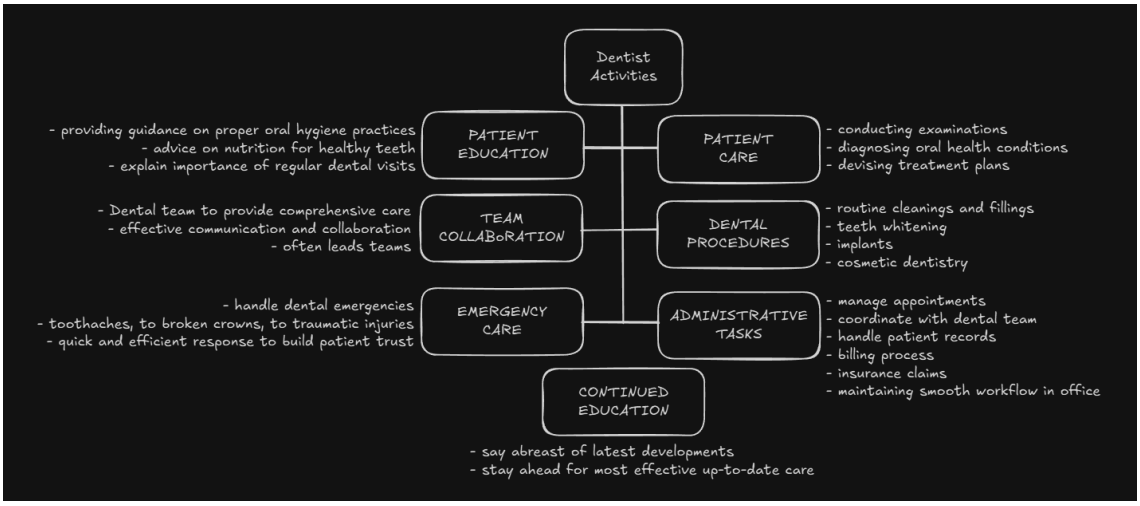


FIGURE 2 – DENTIST ACTIVITIES CHART.[5]

The dentist is the core role in a dentist clinic or hospital, and they are the primary executors of the service at these businesses. The dentist has many roles to take on, the education of patients, the care of patients, team collaboration across roles, executing dental procedures, executing emergency care, handling administrative tasks, and additional continued dental education to stay up to date with the latest technologies, techniques and workflows. A brief overview of the dentist-patient interaction workflow is as follows; the patient books an appointment as the starting point of the interact, the patient is examined on day by a dentist, a treatment is prescribed based on evidence and tests, payment is organised, and treatment starts based on appointment and allotted time.

This workflow has many potential pain points, of which are around the administrative tasks being slow to process. Examples are dental appointment follow ups and reminders, writing and collating information about dental observations, treatments and procedures, managing billing and insurance, additional patient education about their current oral health, and indirect collaboration efforts between clinical staff via reflecting on appointments and treatments with patients.

Improving these potential pain points is a key aspect of improving the overall efficiency, effectiveness and wellbeing of staff members, and the primary focus of this report. The main technology integrations we'll be investigating to improve the overall workflow are: "Telemedicine & Automated Follow Ups", "Linked Record Summaries for Dental Visits", "AI Tools that interpret observations and test results", "Automated Patient Notes and Transcription", "Clinical Decision Support System (CDSS)" and "AI Chatbots for Patient Communication". These technologies provide a range of benefits and are on the easier side of integration difficulty to implement within the dental system. They are described in the next section, where they are introduced and some key points are investigated about them.

In the study of integrating these technologies, there are some key points to include in their reports. The key points for each technology are what does the integration look like, what are some model-context-protocol aspects that are part of the integration, what are some ethical standards to consider in the usage of them, and what are some safety and security standards to consider in the usage and integration of them. These key points include an overview of the technology, how this technology can be integrated with the Model Context Protocol, and convers the ethical, safety and security aspects of the integration.

Potential Adoptions of AI

AI tools that interpret observations and test results

The implementation of "AI tools that interpret observations and test results" in the dental workspace, particularly integrating with the dental patient database, is the discussion point of this section. This technology introduces an AI-focused approach of interpreting and analysing different scan results from the perspective of a dentist. The AI integrations focus on taking input test scans and results, processing them using AI to analyse them, then outputting summaries of detections and identified anomalies within those tests.

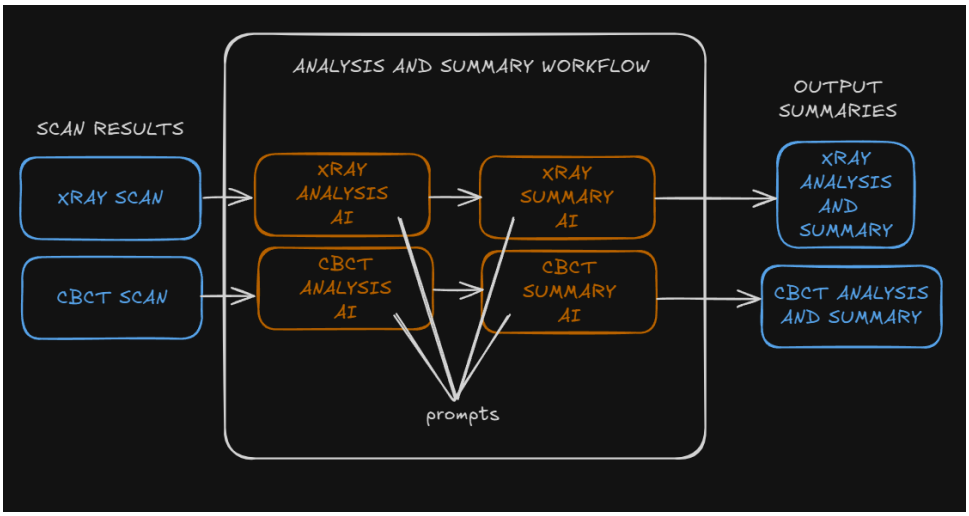


FIGURE 3 – WORKFLOW EXAMPLE FOR TEST RESULT SUMMARIES.

Figure 3 presents this workflow in the form of a flow diagram that demonstrates the input scans and results, passes them to a "Analysis and Summary Workflow", which takes individual scans, analyses them, and produces summary outputs, and outputs those test and scan summaries to be stored.

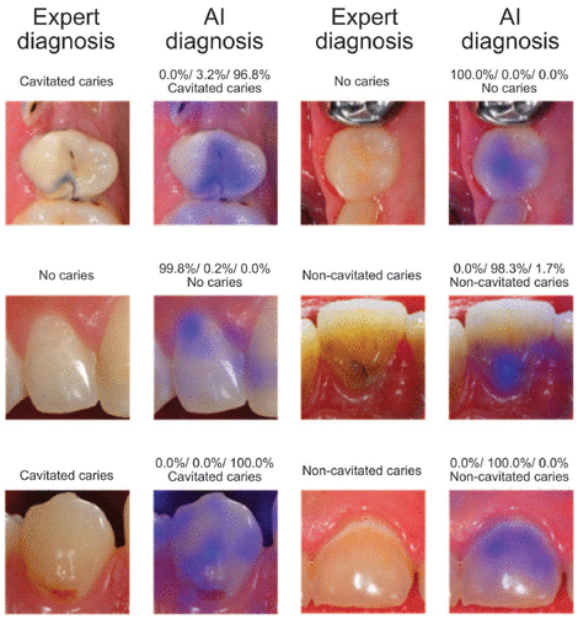


FIGURE 4 – EXAMPLE AI IMAGE CLASSIFICATION USING CONVOLUTIONAL NEURAL NETWORKS.[6]

Figure 4 shows an example implementation of image classification, using simpler convolutional neural networks, to find and detect "cavitated caries" on tooth samples. These models can be expanded upon to include more types of detections and can include multi-modal models to detect in the image and produce natural language outputs instead of classification labels, which may be more expressive. This workflow requires specific AI models that analyse the varying different scans, such as multi-modal models, image-classification models, object detection models, etc, with multi-modal being the most sought after with its strong capabilities.

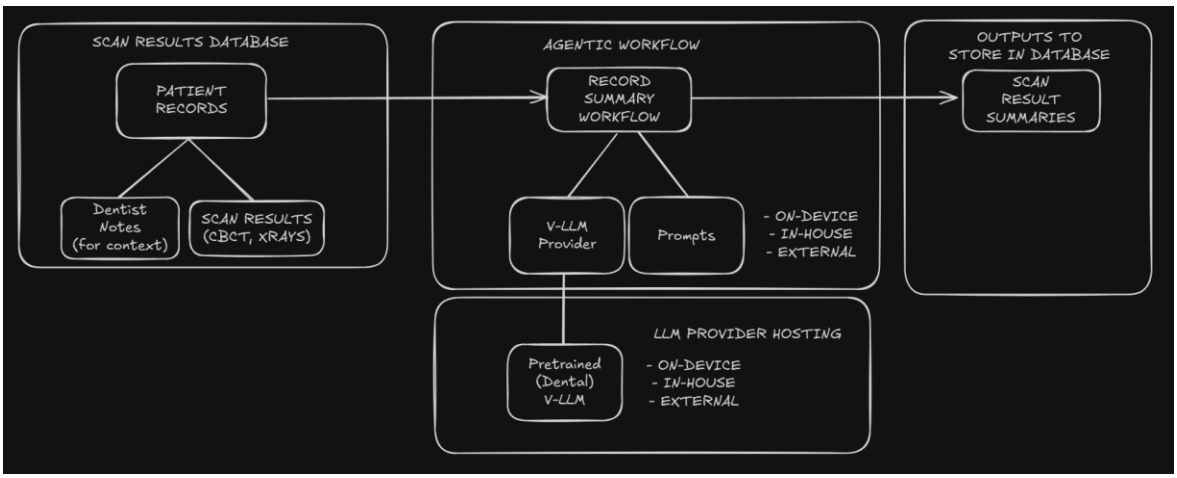


FIGURE 4 – SUMMARY OF PATIENT SCAN RESULTS WITH CONTEXT NOTES FOR SUMMARY.

Figure 4 demonstrates a larger picture implementation of the integration and utilization of the scans, in a larger workflow. The workflow above uses multiple integration, one for the patient database with the storage of the target scan results, it has an agentic workflow that will be used to analyse the scan and test results, it has a AI model provider as discussed, and it has the "output" of the workflow which is stored back into the same patient's records.

In the integration of this workflow, additional ethical, safety and security standards are to be considered and defined in standardization.

The ethical question of heavily relying on automation to suggest and provide recommendations for treatments, procedures and such, are questioned and has a presence in the barriers that block ai integration. Here are some benefits and consequences of doing so; providing fast summaries of test results and scans will significantly improve efficiency in the workspace by directing attention to identifiable detections in those results. It will also improve the satisfaction with the roles and can be integrated further with other systems to enhance and produce smart agentic systems and services around dental services. The consequences of using this technology can be severe, such as overreliance on the results without confirmation, leading to uneducated treatments and or procedures on the patient. Additionally, safety and security with the data is another point of consideration that needs to be developed and expanded to either improve or secure as best as possible the information of patients, especially if information is traveling to external services like the large language model provider. Generally, I believe the implementation of this technology is net positive, and additional integrations can be made to reduce hallucinations and incorrect information.

Linked Record Summaries for Dental Visits

The implementation of "record summaries" in patient information, integrating with the dental patient database, is the discussion point of this section. This technology introduces a summary mechanism, like how AI document summarization work, except it iterates over the patient's data and summarizes the contents like dental notes, procedures, visits, treatments, plan of actions, scan and test result notes and summaries, etc, within the document. The summary creates easy refreshers of the patient's history for any staff member looking at the patient's history.

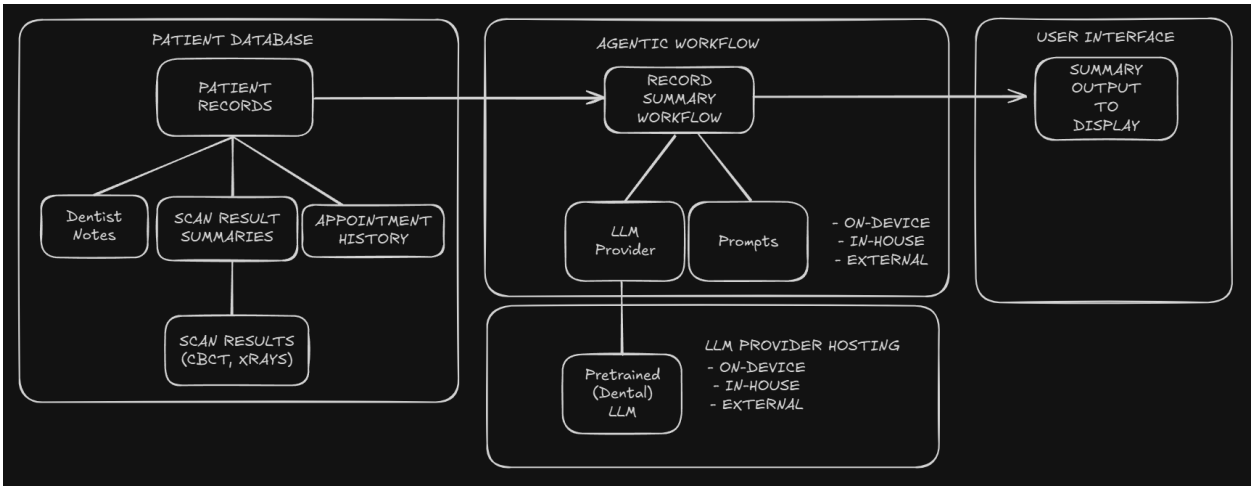


FIGURE 5 – SUMMARY OF PATIENT RECORD DATA WITH PATIENT RECORD INTEGRATION

Figure 5 presents a possible workflow of the implementation of the record summary integration. This workflow introduces four main points of integration, the "patient database" where the patient's information is stored, the "agentic workflow" which runs the summarization process, the "LLM provider hosting" which hosts the visual and text large language models to process and produce the summary, and the "user interface" which integrates and allows staff to generate summaries of a patient's records on demand.

The first step to this summarization process is the request to the patient database to pull the data; this includes dentist notes from appointments and scan and test results, scan and test result summaries from another AI analysis workflow, and the patient's appointment.

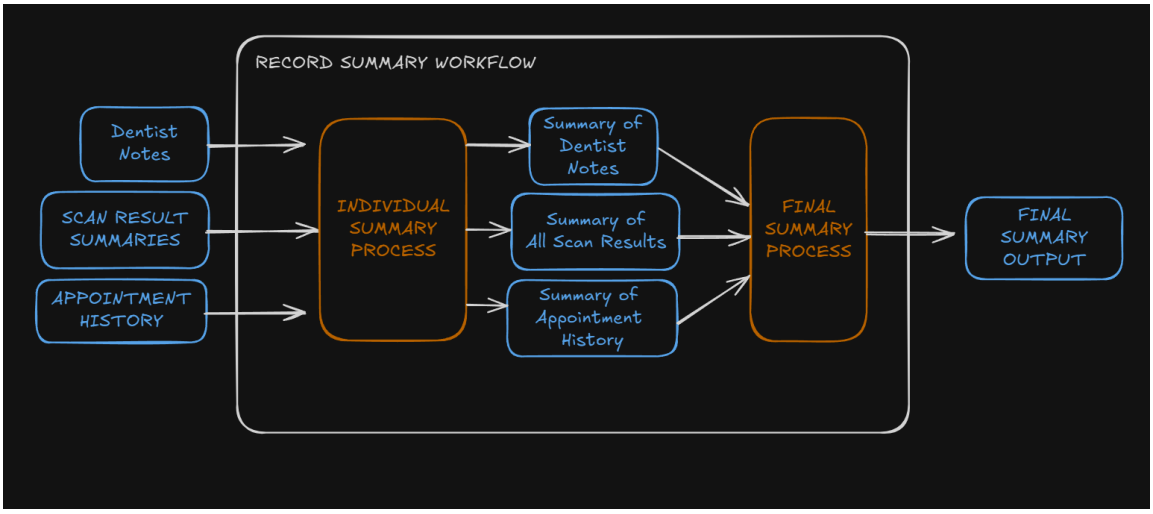


FIGURE 6 – EXAMPLE SUMMARY WORKFLOW FOR RECORD SUMMARIES

The second step to this summarization process is taking all the information gathered from the patient's records and passing it through a summarization workflow, such as **Figure 6**. Since this workflow utilizes AI models to process information, an additional integration is needed to host and serve these large language models to the workflow, as demonstrated in **Figure 5**. A large language model with a high context window size to process the information is required, as if small context window sizes are used, it will lose critical information if the source contains a lot of information.

During the summary process, isolating and summarising content by source location, instead of combining them into one text block, improves the output based on some key factors. The first key factor is the isolation and prevention of cross-contamination between each information source when doing summaries on each individual data source. The second complements the first and next step, where it reduces the total size of the data source and focuses on key information the system prompt tells it to, which can also be used to finetune the summary process specifically for dental. **Figure 5** demonstrates this process in the first intake block of the workflow.

Finally, the individual summaries are combined into one large summary, and that is the output of the summary workflow. By finally combining all the summaries of each data source, the workflow only focuses on key information in the records and strips un-necessary data out and produces the final summary. **Figure 6** demonstrates this as after the first summary block, the final summary block takes all the summarized data sources and combines them into a final summary.

```python
class PatientRecord(BaseModel): ...

class InitialSummarySchema(BaseModel): ...
class FinalSummarySchema(BaseModel): ...

async def summarize_patient_records(record: PatientRecord) -> InitialSummarySchema: ...
async def summarize_initial_summary(summary: InitialSummarySchema) -> FinalSummarySchema: ...

@mcp.tool(description="Summarize the given patient's record in a two-step process.")
async def summarize_patient_record(patient_record: PatientRecord) -> FinalSummarySchema:
    # individual data sources
    first_summary: InitialSummarySchema = summarize_patient_records(patient_record)
    # combine
    final_summary: FinalSummarySchema = summarize_initial_summary(first_summary)
    return final_summary
```

CODE 1 – EXAMPLE SIMPLIFIED SUMMARY WORKFLOW IN PYTHON

Code 1 demonstrates a simplified summary workflow in Python that demonstrates the process utilizing the MCP protocol to host this tool for agents to utilize. This type of integration with MCPs would be used if many types of workflows existed that do different

processes. Additional considerations for this workflow need to be addressed, such as the dependency of having the scan and test results summaries being available, and the capability for this tool to call that tool. This is more likely to be integrated into a larger workflow, than to have it separated like this, as it has dependency requirements.

In the integration of this workflow, additional ethical, safety and security standards are to be considered and defined in standardization.

The ethical question of heavily relying on automation to suggest and provide recommendations for treatments, procedures and such, are questioned and has a presence in the barriers that block ai integration. Here are some benefits and consequences of doing so; providing fast summaries of patient records will significantly improve efficiency in the workspace, it'll improve the satisfaction with the roles and can be integrated further with other systems to enhance and produce smart agentic systems and services. The consequences of using this technology can be severe, such as overreliance on the results without confirmation, leading to malpractice and uneducated treatments and or procedures on the patient. Additionally, safety and security with the data is another point of consideration that needs to be developed and expanded to either improve or secure as best as possible the information of patients, especially if information is traveling to external services like the large language model provider. Generally, I believe the implementation of this technology is net positive, and additional integrations can be made to provide information sources within summaries to ground the output and reduce hallucinations and incorrect information.

Automated Patient Notes and Transcription

Automated Patient Notes and Transcription refers to the integration of AI technologies into dental workflows to capture, transcribe, and summarise spoken interactions between clinicians and patients in real time. This removes the burden of manual documentation, enhances accuracy, and standardises clinical notetaking across different practitioners and sites.

This technology operates by recording audio from dental consultations, transcribing it using a speech-to-text engine, and then passing the transcription to a summarization model to produce structured notes. The final notes are reviewed by clinical staff before being stored in the Electronic Dental Record (EDR) system. This shift in documentation practice has profound implications for efficiency, clinical quality, and future AI agent integration

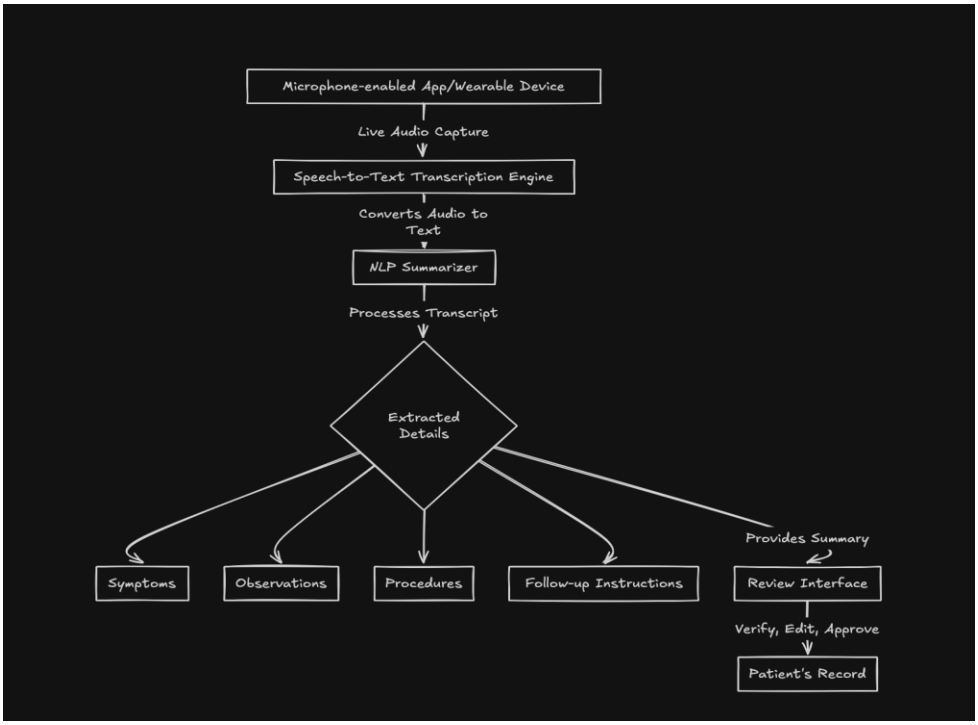


FIGURE 7 - WORKFLOW ARCHITECTURE FOR Automated Patient Notes and Transcription

Figure 7 outlines a typical AI-enhanced clinical documentation workflow. This includes:

1. **Live audio capture** during the dental consultation using a microphone-enabled app or wearable device.
2. **Speech-to-text transcription engine** (e.g., Whisper, AssemblyAI) converts audio to text in near real-time.
3. The transcript is processed by an **NLP summarizer**, typically an LLM (e.g., GPT-4 or a fine-tuned dental-specific model), to extract key details such as symptoms, observations, procedures, and follow-up instructions.
4. A **review interface** allows the clinician to verify, edit, and approve the summary before it is committed to the patient's record.

This technology can be framed within the **Model–Concept–Protocol (MCP)** structure:

- **Model:** A combination of speech-to-text (Whisper) and summarization (GPT-based) models.
- **Concept:** Clinical speech is captured and transformed into accurate, structured notes in real time.

- **Protocol:** A secure and auditable process chain moves data from input to final record, ensuring compliance and review checkpoints.

This design not only streamlines data capture but can also be **embedded into broader AI ecosystems** that handle diagnostic support, billing automation, and patient communication.

The Automated Notes and Transcription process aligns closely with the **Model–Concept–Protocol (MCP)** framework:

Model

- **Speech-to-Text Engine:** Whisper, Deepgram, or AssemblyAI
- **Summarizer Model:** GPT-4, MedPaLM, or fine-tuned Hugging Face models
- **Optional QA Model:** Verifies note completeness and checks for missing clinical segments

Concept

- The system captures dentist-patient conversation in real-time and returns a review-ready clinical note.
- Notes are structured to meet SOAP, SBAR, or other clinical formatting standards.

Protocol

- Input: Audio from the session
- Processing: Transcription → Summarization → Validation
- Output: Finalized EHR-ready note with human-in-the-loop confirmation.

The **agentic workflow** for Automated Patient Notes and Transcription can be broken down into a modular sequence of steps, each represented by an "agent" within the MCP framework. These agents can operate independently or in coordination, allowing the workflow to adapt dynamically to different clinical scenarios.

1. **Agent 1 – Audio Capture Trigger**
    a. Monitors for the start of a dental consultation.
    b. Initiates the recording process using secure, HIPAA-compliant audio capture tools.
    c. Sends a signal to begin transcription once the consultation is underway.

2. **Agent 2 – Speech-to-Text Transcription**
    a. Receives the audio stream from Agent 1.
    b. Uses the designated speech-to-text (STT) engine (e.g., Whisper, AssemblyAI) to produce an accurate transcript.
    c. Outputs the transcript in a structured, machine-readable format for the next stage.
3. **Agent 3 – NLP Summarization**
    a. Processes the raw transcript using a summarization model (e.g., GPT-4, MedPaLM, or a fine-tuned dental model).
    b. Structures the output according to clinical standards such as SOAP notes.
    c. Highlights any uncertainties or ambiguous terms for potential follow-up.
4. **Agent 4 – Review and Approval Interface**
    a. Presents the generated notes to the dentist or dental nurse in a user-friendly interface.
    b. Allows edits, annotations, and approval before the notes are finalized.
    c. Logs all changes for audit and compliance purposes.
5. **Agent 5 – Optional Quality Control and Follow-Up**
    a. Flags incomplete, inconsistent, or missing details in the notes.
    b. Can initiate a clarifying prompt to the dentist or nurse to capture additional information before submission.

This modular design allows **agent orchestration frameworks** to trigger and coordinate tasks contextually, such as starting transcription only when a consultation is detected, or prompting for additional information when a clinical detail is missing. It ensures the workflow remains **scalable, adaptable, and compliant** while still maintaining human oversight in the decision-making process.

AI scribes have demonstrated meaningful potential to streamline clinical documentation by enhancing provider engagement, reducing documentation burden, and being perceived as user-friendly in diverse healthcare contexts (Sasseville et al., 2025b). However, certain risks persist; improvements in documentation time have occasionally coincided with increases in after-hours work and mixed effects on error rates (Sasseville et al., 2025b). Clinicians have also voiced concerns about training, note quality, and data accuracy across varying models and implementations (Sasseville et al., 2025b). From an ethical standpoint, issues around privacy arise, such as patient discomfort with recordings, alongside transparency gaps in AI processing, challenges with non-domain-specific models, and potential bias or misinterpretation in transcription and summaries (Sasseville

et al., 2025b). To deploy such systems responsibly, it is essential to enforce robust data security measures (e.g., HIPAA/GDPR compliance), ensure human oversight remains central, provide comprehensive user training, and institute audit mechanisms that preserve accountability and clarity.

Telemedicine & *Automated* Follow Ups

In Australian dental practices, AI is poised to transform telemedicine and follow-up care into a seamless, intelligent, and patient-driven experience. Patients will access services via secure digital platforms integrated with My Health Record. AI virtual assistants will perform initial triage using natural language processing (NLP), image analysis, and structured health data to determine the urgency of the case and the most appropriate care pathway.

These virtual agents will manage scheduling based on patient needs, dentist availability, and urgency assessment, improving operational efficiency and reducing wait times—especially for underserved rural and remote populations. During the consultation, AI tools will assist dentists in real time, transcribing notes, highlighting risk factors, and drawing on historical records to inform diagnosis and care recommendations [8][9].

After the appointment, AI systems will generate tailored treatment plans, automate consent form delivery, and send follow-up care instructions. Educational content will be personalised based on the patient's condition, dental history, and preferred learning style. Smart follow-up agents will schedule reviews, medication alerts, and reminders, ensuring patients stay on track with their oral health goals [10].

The system will also monitor compliance using EHR data and Internet of Medical Things (IoMT) devices—such as connected toothbrushes or wearable health trackers—and flag any issues requiring clinical intervention.

To enable this vision, Modular Capabilities Programming (MCP) provides the structure for AI agents to perform specialised roles. These modular tools include:

- **AI Pre-Screening Agent**: Gathers patient-reported symptoms and images and cross-references with known dental conditions.
- **Triage & Scheduler Agent**: Assesses urgency and schedules appointments accordingly using dentist calendars and telehealth slots.

- **Consultation Assistant**: Provides real-time support to clinicians via transcription, keyword highlighting, and contextual reminders.
- **Treatment Plan Generator**: Automatically drafts care summaries and documentation for both patients and record-keeping.
- **Follow-Up Manager**: Sends reminders, dispatches educational content, and tracks behavioural patterns (e.g., attendance, hygiene routine adherence).
- **Monitoring & Escalation Agent**: Monitors ongoing care using EHR and IoMT data and triggers alerts for manual review if concerns arise.

Each agent operates as part of an orchestrated workflow, with structured triggers and hand-offs, ensuring reliable, end-to-end patient support. These tools interact using standardised data protocols, allowing interoperability with government platforms like My Health Record.

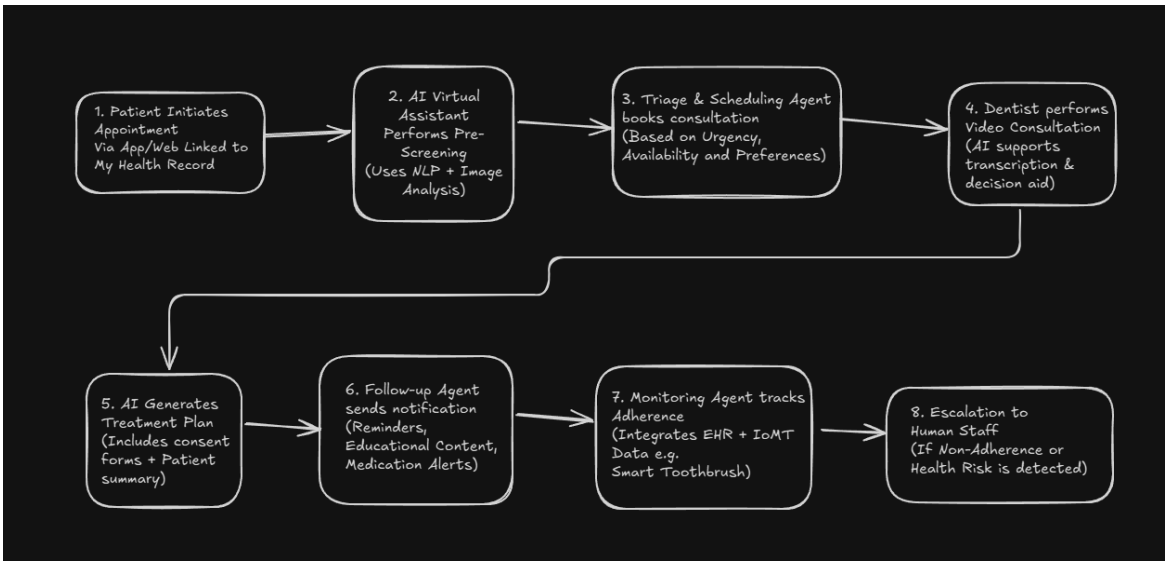


FIGURE 7 – AI MCP TELEMEDICINE & FOLLOW-UP WORKFLOW

To ensure the AI system can execute tasks autonomously and safely, the underlying workflow must be structured in a machine-readable format:

- **Data Standards**: Australian-specific terminologies such as SNOMED CT-AU and Australian Medicines Terminology (AMT) are used to encode clinical terms.
- **Health Interoperability**: HL7 FHIR AU is the preferred standard for sharing health data across platforms [11].

- **Workflow Definitions**: YAML or BPMN-based files can define agent triggers, conditions, and response actions for precise automation.
- **API Infrastructure**: OpenAPI specifications ensure secure, semantically annotated interfaces for accessing dental records, scheduling systems, and patient communication tools.

AI implementation must comply with Australia's legal and ethical frameworks. This includes the **Privacy Act 1988** and **Australian Privacy Principles (APPs)**, ensuring informed consent, data minimisation, and patient access to information [12].

All systems must meet the Australian Cyber Security Centre (ACSC) standards, including encryption, access control, and activity logging. Human oversight remains critical—AI must assist, not replace, clinical decision-making. Additionally, AI models should be trained and tested using diverse datasets that include representation from Indigenous, remote, and culturally and linguistically diverse (CALD) communities to mitigate bias and promote fairness in care delivery.

Conclusion

In conclusion, integration of AI tools into the Healthcare and MedTech sector, specifically the dental workforce, in workflows that are in direct access to dentists and patients, it provides an opportunity to improve and enhance workflow efficiency, improve patient care, and reduce workforce burdens. By adopting such technologies discussed in the report, like AI analysis and documentation tooling, and automated telemedicine, it can streamline and improve many workflows and outcomes like satisfaction, patient safety, and dental productivity. While barriers including the maturity of tools, the financial burdens, and the regulatory compliance, of which must be meticulously attended to through robust standards, protocols and human oversight. The net benefits, like reduced administrative overhead and the newly gained access to enhanced information, outweigh and outvalue these barriers. Ultimately, with careful and managed implementation of these AI technologies, they empower professionals to focus on high-value clinical experiences and potentially pave way for more innovative applications of AI in this and other industry sectors.

References

1. *B.K. Behera and R. Prasad, "Primary health-care goal and principles," Healthcare Strategies and Planning for Social Inclusion and Development, vol. 1, no. 1, pp. 221–239, 2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC8607883/*
2. *"Healthcare Business Models | Carepatron | Carepatron," Carepatron.com, 2024. https://www.carepatron.com/blog/healthcare-business-models-carepatron*
3. *E. G. Poon, C. H. Lemak, J. C. Rojas, J. Guptill, and D. Classen, "Adoption of artificial intelligence in healthcare: survey of health system priorities, successes, and challenges," Journal of the American Medical Informatics Association, May 2025, doi: https://doi.org/10.1093/jamia/ocaf065.*
4. *"The organizational structure for your Dental Practice," dentalbusinessmasters.teachable.com. https://dentalbusinessmasters.teachable.com/courses/180132/lectures/2708180https://dentalgroupoflubbock.com/the-daily-responsibilities-of-a-dentist-you-need-to-know/*
5. *K. Schwei, R. Cooper, A. Mahnke, Z. Ye, and A. Acharya, "Exploring Dental Providers' Workflow in an Electronic Dental Record Environment," Applied Clinical Informatics, vol. 07, no. 02, pp. 516–533, Apr. 2016, doi: https://doi.org/10.4338/aci-2015-11-ra-0150.*
6. Sasseville, M., Yousefi, F., Ouellet, S., Naye, F., Stefan, T., Carnovale, V., Bergeron, F., Ling, L., Gheorghiu, B., Hagens, S., Gareau-Lajoie, S. and LeBlanc, A. (2025). The Impact of AI Scribes on Streamlining Clinical Documentation: A Systematic Review. *Healthcare*, 13(12), p.1447. doi:https://doi.org/10.3390/healthcare13121447.
7. Pethani, F. and Dunn, A.G. (2023). Natural language processing for clinical notes in dentistry: A systematic review. *Journal of Biomedical Informatics*, [online] 138, p.104282. doi: https://doi.org/10.1016/j.jbi.2023.104282.
8. Zhang, L., Shen, Y., Wang, K. and Wang, Y., 2021. Artificial intelligence in dentistry: trends and challenges. *Journal of Dental Research*, 100(9), pp.914–920.
9. Topol, E., 2019. High-performance medicine: the convergence of human and artificial intelligence. *Nature Medicine*, 25, pp.44–56.
10. Australian Digital Health Agency, 2023. *National Digital Health Strategy*. [online] Available at: https://www.digitalhealth.gov.au [Accessed 8 Aug. 2025].
11. HL7 Australia, 2024. *FHIR AU Base Implementation Guide*. [online] Available at: https://hl7.org.au/fhir [Accessed 8 Aug. 2025].
12. Office of the Australian Information Commissioner (OAIC), 2024. *Australian Privacy Principles*. [online] Available at: https://www.oaic.gov.au/privacy/australian-privacy-principles [Accessed 8 Aug. 2025].