HL7 FHIR provides a rich set of resources to allow representation of simple and complex medical data models but does not mandate a unique realization in every case.

The goal of this Implementation Guide is to develop best practices for implementing the [FAIR principles](https://doi.org/10.1038/sdata.2016.18) when HL7 FHIR resources are used to represent the data. In doing this, two main implementation cases should be considered:

1. **Native HL7 FHIR architectures aiming at being FAIR,**where the data model aligns well with HL7 FHIR
2. **Non-native HL7 FHIR architectures where health data is FAIRified by using HL7 FHIR.**This may be further classified considering (a) pure HL7 FHIR based solution or (b) hybrid solution (i.e., FHIR and non-FHIR)

In the first case, i.e., a native FHIR solution, it is reasonable to assume by design that the FHIR resources are "the" FAIR data objects, (for a definition of a FAIR data object see section 4.1 of the EC publication [Turning FAIR into reality](https://ec.europa.eu/info/publications/turning-fair-reality_en) ) with all the consequences that this assumption implies in term of data and metadata representation.

This page summarizes some best practices for implementing the FAIR principles for the cases where this assumption can be considered true.

A simple example would be FAIR's requirement for a global (universally valid), unique, machine-resolvable and persistent identifier for each FAIR data object, in this case each individual FHIR resource instance, such as a single patient resource. The HL7 FHIR standard provides for various identifiers, some of which are technical (e.g. the logical ID) and some of which are business identifiers. In the FHIR resources the business identifiers can be local (e.g. a patient number assigned by an hospital) or global (e.g. DOI) and different technologies can be adopted (e.g. OID, URI, UUID). This guide will describe how these identifiers can be used to fulfill the FAIR identification requirements.

Throughout the FAIR principles referred to in this guide, the phrase ‘(meta)data’ means that the principle should be applied to both metadata and data.

#### Findability

##### F1: (Meta)data are assigned a globally unique and persistent identifier

The first and arguably most important FAIR principle is [F1](https://www.go-fair.org/fair-principles/f1-meta-data-assigned-globally-unique-persistent-identifiers/): "(Meta)data are assigned a globally unique and persistent identifier" (adapted from [GO-FAIR F1 principle](https://www.go-fair.org/fair-principles/f1-meta-data-assigned-globally-unique-persistent-identifiers/)). In practice, often another property of such identifiers is added, namely machine resolvability, to enable retrieval of metadata and data by machines.

When medical data is exposed as FHIR Resources, then automatically, per the base [Resource](https://www.hl7.org/fhir/resource.html) type, the resource will have a resource [id](https://www.hl7.org/fhir/resource-definitions.html#Resource.id) (named in FHIR as the "logical" id in opposition to the business identifiers), that "Once assigned, this value never changes": this identifier is persistent per its specification. When combined with the URL prefix of the FHIR server, a globally unique and also machine resolvable identifier can be constructed (this is the so called 'location URL').

Example: are two GUPRIs (Globally Unique, Persistent and Resolvable Identifiers) for synthetic Patient records from public FHIR test servers: <http://test.fhir.org/r4/Patient/10> and <https://server.fire.ly/Patient/3591a18b-3eeb-4551-9688-22794aaf9911> (see <https://server.fire.ly/Patient> for context). Both identifiers resolve to a description of the resource or the resource itself. **However**, if the URL at which the FHIR resource server is hosted changes, or if resources are copied to a different server, all the identifiers thus constructed would change as well.

The page [FHIR identifiers and FAIR principles on IDs](https://confluence.hl7.org/display/SOA/FHIR+identifiers+and+FAIR+principles+on+IDs) provides an overview on how FHIR resources can be identified and under which conditions these identifiers fulfill the FAIR principles on IDs:

Since these identifiers are not mutually exclusive, it is always desirable that - as appropriate - more identifiers (business identifiers, canonical url) are used, so that, depending on the context of use and the kind of resource shared, the most proper identifier is selected. For example, it might advisable that any resource describing metadata at the study level would be also identifiable through a DOI (example <https://doi.org/10.5281/zenodo.4474373>); this will consolidate the persistency and facilitate the search and the access of these objects beyond FHIR. While, the registration of DOIs for any created and shared FHIR resource might be too costly.

**Summary recommendation**: Establish adequate organizational and technical solutions to assure that the end point where resources are published is 'always' resolvable. Assign, as appropriate, also other identifiers (business identifiers, canonical url). Determine based on a cost/effectiveness evaluation what are the resources for which it is worth to register identifiers on a public permanent registry (e.g.  [https://doi.org/](https://doi.org/10.5281/zenodo.4474373)). Use both reference and identifier elements in the Reference data type. Promote the specification of FHIR profiles enforcing these choices.

##### F2: Data are described with rich metadata (a plurality of accurate and relevant attributes, defined by R1)

The rationale behind this principle is that someone should be able to find data based on the information provided by their metadata, even without the data’s identifier (adapted from [GO-FAIR F2 principle](https://www.go-fair.org/fair-principles/f2-data-described-rich-metadata/)). HL7 FHIR provides different means to fulfill this scope either considering ['intrinsic'](https://www.go-fair.org/fair-principles/f2-data-described-rich-metadata/) , as well as ‘[contextual](https://www.go-fair.org/fair-principles/f2-data-described-rich-metadata/)’ metadata.

All FHIR Resources have a [Meta](https://www.hl7.org/fhir/resource-definitions.html#Resource.meta) element which includes some intrinsic resource metadata as for example versionId, lastUpdated, source, profile, security labels and tags . They are technical in nature and apart from profile do not really address the context of the data provided in the resource. The Meta field is not mandatory, but it is advised to at least populate the versionId and lastUpdated fields. Moreover, each resource is a collection of elements describing the data and the context in which this data has been generated and exists (metadata) and that can be used for searches. There are finally particular FHIR resources, as Citation, Library, Provenance and others, that can be used to capture specific metadata information.

The adoption of FHIR can therefore enable the documentation of 'rich' metadata, but the conformance with FHIR is not a necessarily a sufficient condition for fulfilling this requirement.

In fact, in order to satisfy the 'richness' criterium, the use case is important - because whether metadata is 'rich' enough would really depend on what users would need to search on in terms of metadata fields to find the resources.

The capability of the used resources to capture the expected information is a pre-condition for enabling the data search via FHIR APIs, that needs to be supported by the FHIR server used. In fact not all the FHIR resource elements are by default searchable and  it is not required that a FHIR server support all the 'standard' search parameters.

Therefore, depending on the use case, implementers should identify what are the minimal, recommended and suggested intrinsic and contextual metadata that should be returned to describe the data and what is the subset of these elements for which FHIR searches should be performed.

To do that implementers should look for specific FHIR Implementation Guides (IG) that cover the Resource types and the use case of interest; and/or define FHIR IGs that apply in their usage context. These IGs should contain FHIR profiles for the used resources and capability statements describing what a FHIR server should offer to satisfy this findability principle in that use case.

**Summary recommendation**: Communities should define what rich metadata are sufficient to describe the data and which should be used for FHIR searches. This should be formalized with appropriate FHIR conformance resources in FHIR implementation guides.

#### F3: Metadata clearly and explicitly include the identifier of the data they describe

This simple and obvious principle, is of critical importance to FAIR. The metadata and the dataset they describe are usually separate resources (adapted from [GO-FAIR F3 principle](https://www.go-fair.org/fair-principles/f3-metadata-clearly-explicitly-include-identifier-data-describe/)). The association between a metadata resource description and the dataset should be made explicit by mentioning a dataset’s globally unique and persistent identifier in the metadata.

The F3 principle can be interpreted differently depending on how metadata information are implemented in FHIR, but it is in general possible to satisfy. When metadata is represented by a FHIR resource distinct from those recording data (e.g. a Citation resource pointing to the used data) the mechanism typically used by FHIR to assure this link is through the Reference datatype. This data type supports either (a) the direct reference to the FHIR resource with absolute or relative url based on the resource logical ID; and (b) the reference to its business identifier.

In the cases when metadata information are recorded in the same FHIR resource of the data they describe, data are uniquely identified within the resource by their path ( e.g. Observation.valueQuantity).

All the adopted identifiers (see F1 recommendations) should always be included in any resource record that holds data for the resource in question. Since this is usually done in FHIR by referring other FHIR resources, both references (reference and identifier) should be provided.

**Summary recommendation**: When applicable include in the references both the resource and the business identifier. The metadata description should always be semantically coherent and machine resolvable even when the the resource data itself is no longer available, for a variety of potential reasons.

##### F4: (Meta)data are registered or indexed in a searchable resource

Identifiers and rich metadata descriptions alone will not ensure ‘findability’ on the internet. Perfectly good data resources may go unused simply because no one knows they exist. If the availability of a digital resource such as a dataset, service or repository is not known, then nobody (and no machine) can discover it (adapted from [GO-FAIR F4 principle](https://www.go-fair.org/fair-principles/f4-metadata-registered-indexed-searchable-resource/)).

In order to adhere to this F4 principle, the FHIR [search framework](https://www.hl7.org/fhir/search.html) can be used. The extent of data and metadata that have to be registered or indexed would however depend on what users would need to search to find the resources.

Most FHIR servers implement one or more search parameters, so by publishing resources into such a FHIR server may be sufficient to fulfill the FAIR principle F4 but this might not be enough.

Therefore, it would make sense to look for specific FHIR Conformance resources and/or Implementation Guides that describe the metadata and data elements that shall or should be provided to a FHIR server for the use case in question and registered or indexed by that server.

HL7 FHIR CapabilityStatement, SearchParameter, StructureDefiniton , possibly documented within a Implementation Guide should be used to document this.

**Summary recommendation**: Each community should define what are the relevant metadata and data that have to be registered or indexed by a FHIR server for each supported resource to fulfil this principle; formalizing them with FHIR conformance resources and implementation guides.

#### Accessibility

##### A1: Metadata and data are retrievable by each of their identifiers using a standardised communication protocol

FHIR is described as a 'RESTful' specification based on common industry level use of the term REST, in this RESTful framework, transactions are performed directly on the server resource using an HTTP request/response.

***Summary recommendation***: This principle is covered by virtue of using HL7 FHIR RESTful API

##### A1.1: The protocol is open, free and universally implementable

Both HL7 FHIR RESTful API and the http protocols  are open, free and universally implementable.

There are different definitions of what an 'open standard' is, but also considering openness of access; of the process and of the rights of use, HL7 FHIR fulfills all of them. It is released under Creative Commons "No Rights Reserved" ([*CC0 *](http://creativecommons.org/publicdomain/zero/1.0/)) licence and it is globally implemented.

***Summary recommendation***: This principle is covered by virtue of using HL7 FHIR RESTful API

##### A1.2: The protocol allows for an authentication and authorisation, where necessary

HL7 FHIR is not 'per se' a security protocol, nor does it define any security related functionality. However, HL7 FHIR does define exchange protocols and content models that need to be used with various security protocols defined elsewhere (e.g. . <continue the description>

##### A2: Metadata should be accessible even when the data is no longer available

consider three cases:

* metadata and data as separate resources
* where data are stored
* how the manage the persistency (indipendetly on FHIR) when

#### Interoperability

##### I1: Metadata and data use a formal, accessible, shared, and broadly applicable language for knowledge representation

There are different ways to interpret 'language knowledge representation', for example the capability to:

* have a machine readable physical representation, e.g. JSON
* represent and formalize healthcare models and data;
* share clinical knowledge artifacts;
* provide an expression logic
* strive for semantic computable interoperability (i.e. semantic interoperability between machines)

HL7 FHIR supports XML, JSON and RDF machine readable physical representations. It provides in general a formal (FHIR Infrastructure, the core framework on which FHIR depend, is a Normative part of FHIR); accessible and shared (the HL7 FHIR standard is public, accessible and usable by everyone) and broadly applicable language: HL7 FHIR is widely used in the Healthcare for covering a wide range of domains and use cases (from genetic to administrative data for representing healthcare related models and data). The FHIR Clinical Reasoning module provides "resources and operations to enable the representation, distribution, and evaluation of clinical knowledge artifacts such as clinical decision support rules, quality measures, public health indicators, order sets, clinical protocols, and evidence summaries.". It enables finally the representation of logic using languages such as FHIRPath and Clinical Quality Language (CQL).

FHIR resources can be used together with other knowledge representation approaches, including SNOMED CT Compositional Grammar

Thus, if we are looking to the first four aspects this principle is covered by virtue of using HL7 FHIR resources to represent metadata and data.

Concerning instead the last point, the compliance with FHIR, even if it is a strong enabler, may not be sufficient for the semantic computable interoperability. For example a vocabulary used by the sender or an extension defined in a specific context might not be understood by the receiver. To strive for semantic computable interoperability communities are invited to agree on context specific FHIR Implementation Guides, relying as possible on existing ones.

**Summary recommendation**: Even though in general this principle is covered by virtue of using HL7 FHIR, to strive to semantic computable interoperability communities should agreed on common vocabularies, profiles and other conformance resources that applies for their context of use.

#### I2: Metadata and data use vocabularies that follow the FAIR principles

HL7 FHIR provides a formal way to bind codeable elements with vocabularies (intended as terminologies), but with very few exceptions, it doesn't impose the usage of any of them.

HL7 FHIR includes terminology resources and API that may facilitate the fulfillment of some 'technical' FAIR principles as the unique, global persistent identification of vocabulary metadata and data (e.g. by using the canonical URL).

To satisfy this principle FHIR implementers should make an assessment of the FAIRness of the terminologies to be used and  enforce the adoption of the FAIR-compliant vocabularies.

**Summary recommendation**:  FHIR implementers should select FAIR-compliant vocabularies, preferably managed through FHIR  terminology services.

This choice should be formalized through  community specified FHIR Implementation Guide, including appropriate conformance and terminology resources.

**For future consideration:** realize a catalog of FAIR-compliant vocabularies.

#### I3: Metadata and data include qualified references to other metadata and data

A qualified reference is intended as a cross-reference that explains its intent.

HL7 FHIR technically supports different kinds of references among FHIR resources and also to non-FHIR objects.

This capability of HL7 FHIR doesn't guarantee however "per se" that as many meaningful links between metadata and data resources are used to enrich the contextual knowledge about the data (that is the goal).

Thus, if on one hand this principle is technically satisfied by HL7 FHIR, FHIR implementers should determine what are the links among resources that are needed to provide a sufficient contextual knowledge for the scope of their community.

**Summary recommendation**:  FHIR implementers should determine what are the qualified references to other resources that are needed to provide a sufficient contextual knowledge for the scope of their community. This should be formalized  through a community FHIR Implementation Guide.

#### Reusability

##### R1: Metadata and data are richly described with a plurality of accurate and relevant attributes

This principle is related the F2, but while F2 focuses on metadata that allows its discovery, R1 focuses on the context under which the data were generated as well as they should been used.

General considerations made for F2 about FHIR apply also for R1, FHIR is therefore an enabling factor, but the conformance with FHIR is not necessarily a sufficient condition for fulfilling this requirement.

The fact data and metadata are 'richly described' depends on the context of use; therefore, depending on the use case, implementers should identify what are the minimal, recommended and suggested intrinsic and contextual information that should be returned to describe the data and make them actually USEFUL in a particular context.

To do that implementers should look for specific FHIR Implementation Guides (IG) that cover the Resource types and the use case of interest; and/or define FHIR IGs that apply in their usage context.

**Summary recommendation:** Communities should define which rich metadata are sufficient to describe data to make them useful in their context. This should be formalized with appropriate FHIR conformance resources in FHIR implementation guides.

##### R1.1: Metadata and data are released with a clear and accessible data usage license

HL7 FHIR provides different means to specify the license and the conditions under which data can be used. For example, a resource may convey specific security metadata by using the security labels, enabling policy fragments to accompany the resource data; the Citation resource offers a copyright element to covey human readable copyright information at different level of granularity (Citation , abstract, cited artefacts); the Consent resource can be used to record choices which permits or denies identified recipient(s) or recipient role(s) to perform one or more actions within a given policy context, for specific purposes and periods of time.

The solution to be adopted may change depending on the type of data and the context of use.

The adoption of FHIR is not however a sufficient condition for fulfilling this requirement, implementers should therefore define how this requirement is supposed to be met.

**Summary recommendation:** Published FHIR resources have to include clear references to the usage license. Communities should specify in community FHIR implementation guide how - for each kind of data - this is realized in their context.

##### R1.2: Metadata and data are associated with detailed provenance

This principle focuses on specific type of contextual data as where the data came from, how they have been processed; if it has been published before; who need to be cited and/or acknowledged....

Most of this information may be captured in HL7 FHIR by using the Provence resource enabling the recording of data sources and of the actions applied on them at different level of granularity.

Other kinds of resources, e.g. the Citation, could be used for capturing instead publication related infos.

As for some other principles, HL7 FHIR can technically support the data FAIRness, but it is not a sufficient condition for fulfilling this requirement; that depends also on the capability of the organization to capture and record this information.

**Summary recommendation:** Implementers are encouraged to use the Provenance resource to improve description the data context. Communities should specify in community FHIR implementation guide how this requirement is realized in their context.

##### R1.3: Metadata and data meet domain-relevant community standards

HL7 FHIR is a globally recognized standard in the health domain, that can be used to represent human and machine-readable metadata and data information.  
It defines also formal profiling mechanisms to specify community agreed rules.

There are several published FHIR Implementation Guides describing how FHIR should be used for specific scopes.

Beyond this, there might be implementation independent standards (e.g. clinical guidelines) a community wish to refer to.

Implementers are therefore suggested to look for existing FHIR implementation guides or define new ones to cover appropriately the community expectations.

**Summary recommendation:** Even though HL7 FHIR can be considered it self a 'domain-relevant community standard' , implementers are strongly suggested to identify and if needed specify appropriate  FHIR Implementation Guides covering the community expectations in terms of models, vocabularies and so on for their context of use.