< provides a list of synthetic and clear information and recommendations>

### General Considerations

#### FAIR: a goal not a status

FAIRness is a goal not just than an achievable status:

1. a continuous improvement incremental approach is required.
2. Measurements, and then RDA indicators, are essential for evaluating achieved improvements.
3. <…>

Do not pretend to implement everything since the beginning.

Know where you are (as is assessment) and what do you want to achieve.

Depending on the usage context, cost-effectiveness evaluation and your goals, set up a consistent set of objectives either in term of:

* RDA indicators to be fulfilled and realization maturity <add example>
* HL7 FHIR implementation < add example>

***there is a very minimal set of indicators to be always realized: essential as minimal set***

**Interoperability** expected to be implemented by the FHIR standard, the other principles can be realized by alternative solutions.

Also the other principles may be covered by FHIR but a cost effective evaluation and level of adoption by that community should be given.

Information on data provenance and licence could be included in the metadata with a clear header rather than in comment.

### Findability

Findability covers a wide range of different expectations and users: not of all of them are supposed to be realized by using HL7 FHIR based technologies. For example, a human being makes a web searches to find generically available data about COVID; a researcher knows that the XYZ repository makes available Traumatic Brain Injury Research data and cosnlut that site to search data set with specific characteristics.

Consider a **multi-layered** and **hybrid approach**: that is combination of FHIR and non-FHIR based technologies, enabling computable and human findability. For example, <….>

If a search mechanism is adopted and accepted solution this will be used even not FHIR ( as google style web search)

Describe how to handle allow the search when data are no longer available.

Cases where you cannot get data (e.g. for privacy reason) proprietary patient data (but a summary or a description of the data can be available). Machine can work

FAIR is 90% metadata

Depensing on the access right FHIR serve ca return only partial information

FAIR by design: is hard to make data FAIR is the data are poor. E.g converting in FHIR, we need to FAIRify data by the beginning. (future shape of success)

### Accessibility

<…>

### Interoperability

For subject level data objects reuse where applicable existing FHIR implementation guides

### Reusability

FAIR Implementation Profile enable to compare the way a community implement FAIR (evaluate if

One of the community standards mentioned could be FHIR

<…>