Funding and Resourcing for the CSIRO

Submission by the Australasian Institute of Digital Health (AIDH)

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AUSTRALASIAN INSTITUTE OF DIGITAL HEALTH

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Terms of reference

Funding and resourcing for the Commonwealth Scientific and Industrial Research Organisation (CSIRO), with particular reference to:

1. the nature of recent and proposed job and program cuts in the CSIRO;
2. the importance of public funding for public good science;
3. the importance of public resourcing of Australian sovereign scientific capability;
4. the recruitment and retention of staff including senior and mid-career researchers, along with the training and career paths of early-career researchers;
5. CSIRO's commercialisation of scientific research;
6. the long-term capability needs of the CSIRO, including workforce, infrastructure and equipment;
7. the role and independence of the CSIRO's leadership in making resourcing allocation decisions;
8. the effects of these cuts on the program of scientific work conducted by the CSIRO, including in relation to:
    1. areas of fundamental and basic scientific study that do not find ready industry funding partners,
    2. areas of scientific study that relate to emergent, pressing and/or priority issues like the pace, impact and mitigation of climate change including study of the oceans, biodiversity, agricultural adaption to a changing climate, and related issues, and
    3. the particular burden of proposed cuts on the Environment Research Unit; and
9. any related matters.

Executive summary

Cutting and/or reducing jobs that are critical to the delivery of CSIRO projects and research is a short-term, poorly considered move.

Australia is at a pivotal juncture where artificial intelligence (AI) and digital health research is essential to building and sustaining a connected and integrated healthcare system.

Reducing the capacity of the CSIRO to innovate, research and develop science in general, and eHealth in particular (including AI in healthcare and digital health), will likely have longer-term ramifications that could stifle and diminish future innovation.

AIDH opposes any reduction in CSIRO funding and/or positions that reduce its capability to undertake vital and sector-supported research and innovation in healthcare, digital health, and AI.

AIDH Position

The CSIRO manages the Australian e-Health Research Centre (AEHRC). This Centre is dedicated to four core areas that are vital and indeed essential if Australia is to maintain our enviable reputation as a world leader in health and digital health. Their four core areas are:

- AI (artificial intelligence)
- precision health
- virtual care
- interoperability

The AEHRC's most recent Annual Report (2024-25) succinctly outlines the work they undertake[1]:

> *Our current strategy engages the research capability of our five research groups – Health Data Semantics and Interoperability, Health System Analytics, Biomedical Informatics, Transformational Bioinformatics and Digital Therapeutics and Care – to continue to tackle Australia's healthcare system challenges and expand the impact of our research.*
>
> *The challenges set out in this strategy are to:*
> - *transform health with data and artificial intelligence*
> - *transform healthcare delivery with virtual care*
> - *enable efficiencies in healthcare systems*
> - *innovate and develop digital technologies for precision healthcare.*
>
> *Our research program is informed through strong partnerships with the health industry, including clinicians, researchers, health service executives and the health IT vendor community.*

CSIRO is a central partner in the development of standards and implementation of FHIR (Fast Healthcare Interoperability Resources). As the Australian Digital Health Agency (ADHA) explains,

[1] https://aehrc.csiro.au/wp-content/uploads/2025/10/AEHRC-ANNUAL-REPORT-2024_25.pdf

FHIR is "an open-source healthcare data standard that enables continuous real-time data exchanges between healthcare applications."[2] In short, FHIR allows the safe, secure and seamless transfer of health data between computer systems by using a common language that health software systems understand. My Health Record (MHR) is one example of a digital health system utilising FHIR.

CSIRO's Australian e-Health Research Centre also leads Sparked[3] in partnership with the Department of Health, Disability and Ageing (DoHDA), the Australian Digital Health Agency (ADHA), and HL7 Australia (HL7AU). This groundbreaking FHIR accelerator produces many services and products that improve the exchange of healthcare information, including Australian Core Data for Interoperability (AUCDI). It is central to the Government's much lauded agenda of having healthcare providers share information between them to allow for integrated and multidisciplinary care, and to upload personal health information so consumers have much more timely and accessible access to their health records and pathology and imaging results. The continuous work of Sparked will be essential to support the delivery of Health Connect Australia,[4] Australian Digital Health Australia's flagship infrastructure program to revolutionise healthcare provision in Australia.

We don't need to provide further details and descriptions of these research projects here as they can reviewed by Committee members in detail on the CSIRO websites:

- https://aehrc.csiro.au/research/data-and-interoperability/
- https://aehrc.csiro.au/research/data-and-interoperability/clinical-terminology-and-hl7-fhir-2/
- https://aehrc.csiro.au/research/data-and-interoperability/medtex-unlocking-the-value-of-medical-narratives/

Jobs cuts

AIDH supports the position of the CSIRO Staff Association and other science, technology and digital health organisations that removing jobs from Australia's peak science agency (along with previous cuts to CSIRO jobs in the digital health and data areas) will harm Australia's ability to deliver world leading research, protections and innovations.

We note the important comments by Dr David Hansen, CEO of AEHRC, in their Annual Report[5]:

> *"At CSIRO's Australian e-Health Research Centre (AEHRC), scientists and engineers have been working for over 20 years to make healthcare smarter, safer and more connected. Our*

[2] https://developer.digitalhealth.gov.au/fhir-resources
[3] https://sparked.csiro.au/
[4] https://www.digitalhealth.gov.au/health-connect-australia
[5] https://www.csiro.au/en/news/All/Articles/2025/October/What-digital-health-means-for-Australians

work spans everything from personalised medicine to hospital efficiency — all increasingly powered by AI.

Digital technology such as ambient scribes are now becoming common place at GP offices and in our health system platforms, such as My Health Record. CSIRO is contributing to many of these changes. Our research covers many aspects of healthcare including Alzheimer's disease, ambulance ramping and standards for health data."

At a time when we need increased investments in digital health, AI and in healthcare, interoperability and innovation in health and care services, it is a retrograde step to cut the capacity of the CSIRO.

AIDH is not aware of any benefits, advancements or better outcomes that could arise from reducing the work and capabilities of the CSIRO.

AIDH is acutely concerned about the consequences proposed job cuts will have on the functions of Australian e-Health Research Centre and other areas within the CSIRO, to support and partner with medical professionals, clinicians, industry, vendors, and developers working in digital health and AI in healthcare.

AIDH recognises that research and innovation in healthcare and related sectors is increasingly expensive and requires high-level expertise. However, cutting jobs and reducing expenditure in areas related to building and maintaining a world-class digital health system will likely have long-term implications that stifle innovation and discourage investment.

At a time when Australia is progressing into a new and highly technical era driven by AI in healthcare, cutting CSIRO jobs is ill-advised and possibly damaging to our longer-term healthcare agenda. In the long term, it will also cost more to governments if they don't leverage the benefits of digital health and AI in healthcare to improve the system effectiveness, efficiency and productivity.

AIDH strongly opposes job cuts to the CSIRO and goes further by supporting increased funding for Australian e-Health Research Centre (AEHRC).

Equity statement

Digital health technologies have the potential to address health access inequities, making healthcare more accessible, efficient, and person-centred. For example, telehealth can connect people in rural and remote areas with specialist care that would otherwise be difficult to access. For digital health to fully deliver on its promises, governments must recognise the multifaceted digital divide as a critical social determinant of the delivery of healthcare services. Digital health policies must be designed with access and equity at their core, ensuring that no-one is stranded due to technological, socioeconomic, cultural or geographic barriers.

AUSTRALASIAN INSTITUTE OF DIGITAL HEALTH

About AIDH

The Australasian Institute of Digital Health (AIDH) represents a diverse and growing community of professionals at the intersection of healthcare and technology.

The Institute has more than 250 distinguished Fellows who are experts or pioneers in digital health, and has a growing membership of professionals comprising doctors, health informaticians, nurses, midwives, allied health, other clinicians, administrators, and health technology business leaders.

The Institute provides objective, non-partisan, and independent advice on the use of technology and health informatics to improve consumer outcomes and solve the most pressing challenges facing our healthcare system.

The Institute's unique composition and reach bring together an extraordinary network of Australia's leading digital health experts across the private, public and community sectors to advance our nation's transition to a digital health future.