Artificial Intelligence Governance

Queensland Health Digital Policy

QH-POL-519

1. Statement

Queensland Health is committed to developing safe, ethical, and human-centred artificial intelligence (AI) that enhances health outcomes while upholding individual rights and maintaining public trust.

By committing to the ethical use of AI, Queensland Health will be better positioned to leverage AI's potential to improve care and offer more efficient and accessible services. This balanced approach enables the use of AI without compromising human and legal rights and obligations or trust[1].

2. Purpose

The purpose of the policy is to ensure that the use of AI by Queensland Health is trusted by the public, meets appropriate ethical, legal and assurance standards, is focused on customer needs, and appropriately assesses and manages risks.

The policy outlines the requirements for the end-to-end design, development, deployment, and use of AI technologies in Queensland Health.

3. Scope

This policy applies to all staff within Queensland Health. Staff includes employees, vendors, contractors, consultants, interns, students, volunteers and consumer representatives. Queensland Health consists of:

- Departmental divisions
- Hospital and Health Services (HHSs).

This policy applies to all Artificial Intelligence (AI) and Machine Learning (ML) technologies, AI enabled products or services, (collectively referred to as AI technology) that are developed, commissioned, or purchased for integrated use within Queensland Health operations. This includes:

- Clinical Decision Support: Systems used to assist in diagnosis, treatment planning, or patient monitoring.

[1] Terms used in this policy have the same meaning as the corresponding terms defined in the Queensland Health Statewide Artificial Intelligence Framework, unless otherwise defined or specified in this policy.

- AI-Driven Operational Automation: Systems that use machine learning or predictive modelling—rather than fixed, rules-based logic—to manage workforce scheduling, resource allocation, or predictive maintenance.
- Generative AI: Large Language Models (LLMs) used for internal documentation or administrative workflows.

For Therapeutic Goods Administration (TGA) approved AI, the focus of this policy shifts from technical validity to implementation.

This policy does not apply to:

- Standard Internet Utilities: The use of AI-enhanced search engines (e.g. Google Search, Bing) for general information gathering.
- Standard Office Productivity Tools: Features like spell-check, basic autocomplete, or formatting tools within standard enterprise software (e.g. Microsoft Word).
- Non-AI Software: Traditional rule-based software or standard statistical analysis that does not involve automated learning or predictive modelling.

4. Principles

The guiding principles below serve as the foundational principles for the adoption and integration of AI technology within Queensland Health. The principles are designed to ensure that advancing use of AI considers the quintuple aim of healthcare outlined in the Queensland Health Statewide Artificial Intelligence Framework[2] and supports ethical AI practices. By adhering to these principles, Queensland Health aims to maximise the benefits of AI while addressing systemic challenges and improving healthcare outcomes for consumers. The guiding principles have been designed to embed the Australian Government's eight AI ethics principles[3].

The eight AI ethics principles adopted in, and adapted to, this policy are:

- **Human, societal and environmental wellbeing** - AI systems should benefit individuals, society and the environment.
- **Human-centred values –** AI technologies must respect human rights, diversity, and individual autonomy.
- **Fairness -** AI technologies are inclusive and accessible, and their use does not involve or result in unfair discrimination against individuals, communities or groups.
- **Privacy protection and security -** AI technologies must respect and uphold privacy rights, and data protection, and ensure the security of data.
- **Reliability and safety -** AI technologies must reliably operate in accordance with their intended purpose.
- **Transparency and explainability -** There must be transparency and responsible disclosure so that people can understand when AI is significantly impacting them and can determine when an AI technology is engaging with them.

[2] Queensland Health Statewide Artificial Intelligence Framework.
[3] Australia's AI Ethics Principles | Australia's Artificial Intelligence Ethics Principles | Department of Industry Science and Resources.

- **Contestability -** When an AI technology significantly impacts a person, community, group or environment, there must be a timely process to allow people to challenge the use or outcomes of the AI technology.
- **Accountability -** Individuals responsible for the various phases of the AI technology lifecycle must be identifiable and accountable for the outcomes of AI technologies, and human oversight of these technologies should be enabled.

5. Safe use of AI

5.1 Responsible and transparent use of AI

5.1.1 All use of AI technology must adhere to the AI ethics principles outlined in this policy.

5.1.2 All use of AI technology must comply with applicable legislation, the Code of Conduct for the Queensland Public Service, and information and cyber security policies and standards, including the Queensland Health Use of ICT services and devices Policy and the Queensland Health Information Security Policy.

5.1.3 Staff must use AI technology safely and securely and in a way that is consistent with privacy, data sharing and information access requirements. Refer to the Queensland Health Information access, use and disclosure Standard for more information.

5.1.4 Staff using AI must ensure that any output produced by AI is critically evaluated, fact-checked and validated in accordance with Queensland Health policy and standards.

5.1.5 AI technology implementation is to be utilised to deliver beneficial outcomes for staff, patients, health services, public health, and the health system.

5.1.6 Alternative methods and workarounds must be in place to address service interruptions.

5.1.7 AI systems must have an accountable person with sufficient understanding of the system who is responsible for its outcomes prior to any AI system being adopted and throughout the AI lifecycle.

5.1.8 Clear roles, responsibilities, and decision-makers must be assigned for the entire AI lifecycle.

5.1.9 All decisions made with the assistance of AI technology must have human oversight. The level of oversight must match the potential impact and risks of the AI's output.

5.1.10 When using AI, the process must include clear accountability to ensure the integrity and accuracy of the final outcome. The individual using the AI is responsible for validating the result before making a final decision.

5.1.11 Only approved AI tools and technologies should be used for official work purposes.

5.1.12 Staff must not input or upload any information into public AI technology[4] that is classified as OFFICIAL-INTERNAL or above. For more information regarding

[4] Public AI is technology that is available to anyone with an internet connection. It is available to the public without restrictions. By using public AI the user is essentially sharing the data with the AI technology, which stores it online and uses it for further learning.

information classification refer to the Queensland Health Information Security Classification and Handling Standard.

5.1.13 Appropriate training should be implemented prior to the use of AI technology, including how to use AI tools responsibly, identify biased outputs, and escalate concerns. Specialised training is required for developers and system owners.

5.1.14 Staff must remain responsible for their work and continue to meet all their obligations including those relating to record keeping, privacy, confidentiality, integrity, and availability.

5.1.15 In accordance with Queensland Government policy, staff must not use or install AI technology on any government-provided information and communication technology (ICT) services, facilities, and devices on which its installation or use is prohibited, for example, DeepSeek. Refer to the QGEA Restricted applications, products and web services Policy.

5.2 Ethical use of AI

5.2.1 The ethical use and transparency in the application of AI by Queensland Health are fundamental and must comply with relevant laws and legislation, including those related to the health portfolio, privacy, human rights, and anti-discrimination legislation[5].

5.2.2 Staff must consider intellectual property rights and ownership when using AI. Staff should document the source of datasets and any associated rights or restrictions. For more information regarding intellectual property policy, contact IP_officer@health.qld.gov.au.

5.2.3 Any significant contribution generated by an AI tool that is incorporated into official work, professional or published material, must be attributed to the appropriate AI tool, and a disclosure is mandatory in academic publishing and for other uses where transparency is required.

5.2.4 Equity and human rights impacts must be assessed to evaluate its potential effects on diverse groups and to identify and address any risks of disparate impact.

5.3 Consent

5.3.1 Consent requirements for administrative, business, research, or clinical purposes, must be determined prior to using personal data in an AI system.

5.3.2 The use of AI in patient care must align with existing legal, ethical, and professional obligations regarding informed consent and patient autonomy. Consent requirements are determined by the nature of the AI application, its role in clinical decision-making, and its use of identifiable patient data.

5.3.3 Where consent is required, the consent must clearly state the specific purpose for which the data will be used, including its use for AI training, development, or analysis.

[5] For guidance on effectively managing ethical risks associated with artificial intelligence (AI) systems refer to Managing the ethical risks of artificial intelligence | Queensland Audit Office.

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5.3.4 Individuals must be informed of their right to withdraw consent at any time, and this withdrawal process must be as easy and accessible as the process for providing consent.

5.4 Data governance

5.4.1 AI must be used in a manner that implements safe and lawful data use practices.

5.4.2 The data used with AI must be authenticated and validated, reliable and current, accurate and representative. Robust data governance practices must be maintained that comply with relevant legislation and the law.

5.4.3 All information ingested into, and output by[6], AI technology must be classified as per the Queensland Health Information classification and handling Standard and managed in accordance with the Queensland Health Information Asset Standard.

5.4.4 Areas implementing AI must recognise the risk of re-identification of patient personal information or confidential information where AI technologies may combine patients' health and non-health data, even if individual datasets containing patients' personal information and confidential information are initially anonymised. Technical expertise, working in partnership with clinical expertise, should be appropriately considered in relation to the complexity and risk level of the proposed clinical application of AI technology.

5.4.5 Data generated by, and ingested into, AI technology must be stored and processed in accordance with information privacy and confidentiality requirements, including relevant legislation and applicable laws.

5.4.6 All storage and reuse of data must be in accordance with legislation, including but not limited to, the *Hospital and Health Boards Act 2011*, *Information Privacy Act 2009*, and the *Right to Information Act 2009*.

5.5 Recordkeeping

5.5.1 A 'Records by design' approach should be embedded into the development, design, and implementation of AI technologies. At a minimum, the design should include retention requirements, and processes to dispose of the product at the end of the lifecycle in line with legislation and policies.

5.5.2 All information ingested into and output by AI Technology must be evaluated to assess its accuracy and value and managed in accordance with Artificial Intelligence and public records | For government | Queensland Government. Where the information is not assessed as transitory, this will need to be managed in line with relevant retention and disposal schedules including the General retention and disposal schedule to establish a minimum retention period for the public records.

5.6 Privacy, confidentiality and security

5.6.1 A 'Privacy by design' and 'Security by design' approach should be embedded into the development, design, and implementation of AI technologies, particularly those

[6] This refers to any data that is fed into an Artificial Intelligence (AI) system for it to process, learn from, or use as a basis for its operations.

involving the use of personal information, including sensitive information, confidential information, or commercial information.

5.6.2 An appropriate Privacy Impact Assessment (PIA) must be undertaken for all AI technologies proposed for implementation that use personal information to identify potential privacy risks and ensure risk mitigation strategies are in place from the commencement of their use by staff. For more information on privacy breaches refer to Privacy Incident Management.

5.6.3 An appropriate information security assessment must be undertaken on all AI technologies implemented in, or used by, the health system and its staff to identify, mitigate and manage privacy and security risks.

5.6.4 Privacy and security assessments should be updated at key phases of an AI technology project and, once the AI technology is implemented, updated periodically to ensure that privacy and information security risks are identified and managed, thereby ensuring their appropriateness in a rapidly changing cyber security environment.

6. AI technology application

6.1 AI application

6.1.1 The application of AI and AI technologies for business and administrative solutions need to be balanced against the limitations of the products and the risks of their use. A business impact analysis should be undertaken on the AI solutions and, where appropriate, documented in business continuity plans.

6.1.2 Where the AI technologies is considered an ICT-enabled or digital-enabled initiative[7] it must be evaluated against the Queensland Health Governance of ICT initiatives Policy.

6.1.3 The application of AI and AI technologies in healthcare must be undertaken with appropriate consultation, transparency, accountability and regular ongoing review to determine its clinical, business and social impact and ensure it continues to deliver equivalent or better care, benefit, and not harm, the patient, healthcare professionals, the health system and the wider community. For more guidance on AI in Healthcare, refer to Australian Medical Association Position Statement: Artificial Intelligence in Healthcare.

6.1.4 In addition to clinical governance, regulatory safety standards set by the Therapeutic Goods Administration (TGA) may apply. The TGA regulates therapeutic goods that meet the definition of a medical device[8] which includes software (including AI-enabled software) if it has a therapeutic use and meets the definition of medical device in the

[7] ICT-enabled initiatives focus on delivering improvements to the existing way of doing business, using ICT as a key element. Any initiative requiring ICT/technologies to effect change and realise outputs, outcomes and/or benefits is considered ICT-enabled. However, digital-enabled initiatives have a broader impact, where ICT and technologies create innovative, transformative and disruptive change to services, processes, information, people, industries and society.
Glossary | For government | Queensland Government

[8] When AI is considered a medical device | Artificial Intelligence (AI) and medical device software | Therapeutic Goods Administration (TGA)

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Therapeutic Goods Act 1989 (Cth), and the requirements of this legislation must be satisfied.

6.1.5 All AI initiatives involving human research must undergo ethical review by a Human Research and Ethics Committee (HREC) registered with the National Health and Medical Research Council (NHMRC) and complete the appropriate research governance processes. For more information contact the relevant Research Governance Area.

7. AI governance assurance

7.1 AI adoption and implementation

7.1.1 An AI governance assurance assessment must be undertaken prior to adopting and implementing any solution[9].

7.1.2 The assessment must define and document the purpose and objectives of using the AI technology, the expected outcomes for staff, patients, health services, public health and the health system, the public, and the environment, and demonstrate alignment to the eight AI ethics principles.

7.1.3 The assessment of the AI technology must ensure the following areas are addressed to mitigate against discrimination or bias against individuals or categories of individuals or bias in administrative decision making:

- bias amplification
- inaccuracy and AI hallucinations
- lack of transparency in the algorithms used (i.e. the black box problem)
- equitable access.

7.1.4 The methodologies used in the AI technology product life cycle must be transparent with clear justification for the application of a specific methodology, adequate accounting for the particular risks and limitations of the method, and a reasonable consideration of alternative approaches.

7.1.5 AI technology initiatives must ensure that AI governance arrangements are based on the current version of ISO/IEC 38507 Information Technology – Governance implications of the use of artificial intelligence by organisations.

7.1.6 All AI technologies must be assigned data and application custodians. Refer to the Queensland Health Data and application custodianship policy.

7.1.7 All approved AI technologies must be recorded in a register of application assets, such as a Configuration Management Database (CMDB) or equivalent system.

8. Risk assessment

8.1 Risk assessment

[9] The Australian Government has developed the Voluntary AI Safety Standard which gives practical advice on how to safely and responsibility develop and deploy AI systems.

8.1.1 AI technology has specific characteristics that amplify risk. The use of AI technology must be assessed and the risks appropriately and proportionately managed in accordance with risk appetite.

8.1.2 To ensure a consistent and transparent approach to assessing risks in AI technologies across the health system, the Queensland Health AI Risk Assessment (QHAIRA) tool[10] must be used.

8.1.3 The risk assessment process enables areas and HHSs to assess AI technology at levels corresponding to the following risk levels and ensures oversight is commensurate with risk.

8.1.4 The risk assessment must identify and define risks, taking into account both the impact and likelihood, and prioritise the risks based on the AI ethics principles. Thresholds and controls must be established to ensure effective management.

8.1.5 If the risk impact is Low or Moderate, it may be managed at the local level by applying local governance, risk management, and ICT assurance.

8.1.6 If the risk impact is High, or the AI technology meets any of the criteria below, the existing governance pathways for Architecture and Standards Committee endorsement must be followed:

8.1.6.1 Requires integration with Core systems or across multiple health services.

8.1.6.2 Involves substantial eHealth change management and governance.

8.1.6.3 Requires eHealth specialised design, implementation, or ongoing support.

8.1.7 The AI risk assessment should complement Risk Management Frameworks within HHSs and departmental divisions and not replace them. Therefore, ongoing AI risk management should align with these existing risk management frameworks.

8.1.8 A risk management plan must be developed for each AI technology implemented in the health system, addressing risks identified in relation to it. The plan must include measures put in place to minimise, mitigate, or manage the identified risks.

8.1.9 Risks must be managed throughout the AI technology product lifecycle and the risks associated with the AI technology must be monitored and reviewed. High-risk AI technologies may require additional/ongoing governance oversight.

8.1.10 If material changes are made to a previously accepted approach for an AI solution, an impact assessment must be conducted to identify and evaluate new or evolving risks. All modifications, along with their corresponding risk mitigation strategies, must be reviewed and accepted by the relevant governance body before implementation.

9. Procurement

9.1 AI procurement obligations

9.1.1 When buying or deploying AI, areas must assess risks and controls in the context of the entire procurement lifecycle.

[10] The QHAIRA tool outlines the assessment approach, defines risk thresholds, and establishes controls to ensure effective management.

9.1.2 Procurement obligations apply to any type of AI procurement, including:

- acquiring pre-developed generative AI technologies from external suppliers
- engaging with internal development of AI systems, which may involve the procurement of specific components or services from external suppliers
- contracting a supplier to deliver a specific outcome or deliverable, where the supplier utilises generative AI technologies as part of the service provision
- modifying existing capabilities and contractual agreements to incorporate AI functionalities into pre-existing products or services.

9.1.3 Procurement of AI technologies that are defined as Class 1 or Class 2[11] under the Queensland Health ICT procurement Standard must ensure compliance with the requirements set out in the standard.

9.1.4 Where the AI technology does not fall under the scope of the Queensland Health ICT procurement Standard local procurement policies and practices must be followed.

9.1.5 Careful consideration must be applied to procurement documentation and contractual agreements when procuring AI technologies.

9.1.6 A consistent and evidence-based process must be used to evaluate the transparency, accountability, and risk associated with the procurement, development, or use of AI or AI technology in accordance with policy requirements. For more information, refer to the Supplier security management standard.

10. Compliance

10.1 Non-compliance

10.1.1 Compliance with this policy is mandatory. Non-compliance may represent a risk to Queensland Health's information, systems or reputation. Failure to comply may result in disciplinary action for breaching legislation, including but not limited to:

- *Criminal Code Act 1899*
- *Code of Conduct for the Queensland Public Service*
- *Financial Accountability Act 2009*
- *Hospital and Health Boards Act 2011*
- *Public Records Act 2023*
- *Public Sector Act 2022*
- *Information Privacy Act 2009.*

[11] Class 1 - ICT products or services, including all on-premise, off premise and artificial intelligence (AI) technologies, cloud applications, systems and services.
Class 2 – Comprises the following:
Building Management Systems, speciality devices, operational technologies, including any of the aforementioned that include AI technologies, supported and connected to the Queensland Health network (or a network maintained and supported by the Department of Health divisions, HHSs or other entity) or that stores or extracts information.
Medical or biomedical devices and operational technologies, including any of the aforementioned that include AI technologies, that stores or extracts information, including where the ICT functions contribute to patient clinical care and treatment decisions.

10.1.2 Where Queensland Health business areas have identified possible noncompliance with the policy requirements, a dispensation must be sought in line with the ICT policy dispensation Standard.

10.2 Reporting incidents

10.2.1 All information and cyber security incidents and information privacy breaches in connection with AI and AI technologies must be reported in accordance with applicable legislation and policies via appropriate or required channels or delegates for further consideration, including investigation, as soon as possible.

10.2.2 Staff who suspect another staff of unauthorised use of AI must immediately report those matters to their manager/supervisor. The manager or supervisor must consider the nature of the potential breach and refer it to the appropriate HR Delegate to determine if further investigation is required.

10.2.3 Serious breaches may be referred to and investigated by the Queensland Police Service. For more information on managing unauthorised use, security, and information and privacy incidents, refer to the Use of ICT services and devices Standard.

11. Aboriginal and Torres Strait Islander considerations

11.1.1 All implementation of AI must be mindful of First Nations (Aboriginal and Torres Strait Islander) considerations across the full AI lifecycle (design, collection, access, analysis, interpretation, use, reuse, and retirement). AI that uses, infers, or may affect First Nations peoples, communities, cultures or Country must prioritise self-determination, collective interests, anti-racism and cultural safety.

11.1.2 Matters such as data sovereignty, bias, and consent for the use of AI that impact First Nations people must be directed to the local Aboriginal and Torres Strait Islander Health advisors for guidance to define purpose, risk appetite, safeguards, governance arrangements and boundaries around what cultural knowledge and data is appropriate and/or culturally responsive for AI usage, including considerations of supported co-designed consent, collective privacy, transparency, contestability processes and in/direct community impacts. Further guidance on Indigenous Data Governance, refer to the Framework for Governance of Indigenous Data.

12. Human rights

12.1.1 All AI systems have the potential to produce biased, discriminatory, or other harmful materials. Obligations under the *Human Rights Act 2019* and the *Anti-Discrimination Act 1991* must be satisfied when using AI technologies.

For more information refer to Human rights | Queensland Health Intranet.

13. Accountabilities and responsibilities

Position	Responsibility
AI initiative owner	Responsible for the AI initiative as it progresses through all stages of the Queensland Health AI Framework. Provide subject matter expertise or be responsible for sourcing information on all aspects of the project.
AI coordinating team/unit	Assists the AI initiative owner to progress the AI initiative through the Queensland Health Artificial Intelligence Framework gates and coordinates the governance and approval processes related to each stage. The coordinating team may include members of the AI technology implementation project team to which the AI initiative owner belongs, or it could be a separate team of specialist staff based in another business area or central unit.
Executive sponsor and/or executive lead	Responsible for the review of each AI initiative, including consideration of strategic alignment, guiding principles, prioritisation criteria, affordability and formal support to submit to the decision maker for approval to progress.
Decision maker	Responsible for review and approval of each AI initiative at each gate and must have the appropriate financial delegation to identify a funding source to approve and proceed to implementation. The complexity and cost of the initiative will determine the decision maker(s).
System owner	Responsible for operating and maintaining common technical resources used at the statewide level. This includes the IT infrastructure necessary to make the AI technology available and to monitor these AI systems. It also comprises the human resources required to manage AI-enabled systems used within Queensland Health.
Data custodian	Overall accountability and responsibility for decision making in relation to the data set, data collection and/or application allocated to the role and the ongoing capture, compliance, development, management, care, and maintenance of data to support business needs. Data and application custodianship roles and responsibilities.
Users	Responsible for ensuring that any use of AI complies with the applicable provisions of this policy.

14. Legislation

- *Anti-Discrimination Act 1991*
- *Copyright Act 1968 (Cth)*
- *Crime and Corruption Act 2001*
- *Financial Accountability Act 2009*
- *Hospital and Health Boards Act 2011*

- *Human Rights Act 2019*
- *Information Privacy Act 2009*
- *Mental Health Act 2016*
- *Public Health Act 2005*
- *Public Records Act 2023*
- *Public Sector Act 2022*
- *Public Sector Ethics Act 1994*
- *Right to Information Act 2009.*

15. Supporting documents

Queensland Health

- Access control Standard
- Anti-Discrimination, human rights and vilification HR Policy E2
- Data and application custodianship Policy
- Data and application custodianship Standard
- Enterprise Architecture Policy (under development)
- External access Standard
- Governance of ICT initiatives Policy
- ICT procurement Standard
- Information access, use and disclosure Standard
- Information security classification and handling Standard
- Information Security Management System (ISMS) Standard
- Information security Policy
- Making Tracks Together—Queensland's Aboriginal and Torres Strait Islander Health Equity Framework
- Queensland Health Data Breach Guideline
- Queensland Health Queensland Privacy Principles Policy
- Statewide artificial intelligence Framework
- Supplier security management Standard
- System security configuration and management Standard
- Use of digital communications Standard
- Use of ICT services and devices Policy
- Use of ICT services and devices Standard.

- Health Service Directives
- Enterprise ICT Governance Health Service Directive
- First Nations health equity strategies Health Service Directive
- Patient access to care Health Service Directive
- Protocol for Obtaining Informed Consent for health care procedures or treatment
- Research, ethics and governance Health Service Directive.
- Departmental Divisions
- Corporate Record Management Policy
- Data Breach Guideline
- Data Management Policy
- Data Management Standard
- Disposal of Corporate Records Standard
- Intellectual Property Policy
- Intellectual Property Standard
- Privacy Principles Policy
- Research Management Policy
- Research Management Standard
- Working Ethically eLearn Training.
- Whole of Government
- Artificial Intelligence Governance Policy
- Cloud Strategy
- Code of Conduct for the Queensland Public Service
- Digital Investment Governance Framework
- Foundation artificial intelligence risk assessment framework
- ICT SME Participation Scheme Policy
- ICT-as-a-Service Policy
- Information and Cyber Security Policy (IS18)
- Portfolio, Program and Project Assurance Framework
- Procurement and Disposal of ICT Products and Services (IS13) Policy
- QGEA ICT Profiling Standard
- Queensland Cabinet Handbook
- Records governance Policy.

Resources

- AI Data Security | Cyber.gov.au
- Australian Health Practitioner Regulation Agency - Meeting your professional obligations when using Artificial Intelligence in healthcare
- Australian Medical Association Position Statement: Artificial Intelligence in Healthcare
- Guidance for AI Adoption
- National Model for Clinical Governance – The foundations of high-quality care
- Policy for responsible use of AI in government
- Technical standard for government's use of artificial intelligence
- The Need for Human Rights-centred AI.

16. Definitions

Term	Definition
Algorithm	A set of instructions that guide a computer in performing specific tasks or solving problems. Machine learning algorithm: an algorithm to determine the parameters of a machine learning model from data according to given criteria. Source: https://www.industry.gov.au/publications/voluntary-ai-safety-standard/terms-and-definitions.
Artificial Intelligence (AI)	1. Embraces a family of technologies that bring together computing power, scalability, networking, connected devices and interfaces, together with vast amounts of data. Source: AS ISO/IEC 38507:2022. 2. AI system' means a machine-based system that is designed to operate with varying levels of autonomy and that may exhibit adaptiveness after deployment, and that, for explicit or implicit objectives, infers, from the input it receives, how to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments. Source: Article 3(1) of the EU AI Act (Regulation (EU) 2024/1689). 3. An AI system is a machine-based system that, for explicit or implicit objectives, infers, from the input it receives, how to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments. Different AI systems vary in their levels of autonomy and adaptiveness after deployment. Source: Australian Government AI Technical Standard (Digital Transformation Agency/Digital.gov.au) and referenced in the National Framework for the Assurance of Artificial Intelligence in Government (Department of Finance).
AI deployer	An individual or organisation that supplies or uses an AI system to provide a product or service. Deployment can be

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Term	Definition
	used for internal purposes or externally, impacting others, such as customers or individuals, who are not the deployers of the system. Source: https://www.industry.gov.au/publications/voluntary-ai-safety-standard/terms-and-definitions.
AI hallucinations	Outputs generated by an AI system may not always be accurate or factually correct. Generative AI systems are known to hallucinate information that is not factually correct. Source: Australian Signals Directorate - Engaging with artificial intelligence.
AI lifecycle	The sequence of phases that an AI system goes through, from its conception, all the way through its development, testing, deployment, use, and eventual retirement. Source: https://www.industry.gov.au/publications/voluntary-ai-safety-standard/terms-and-definitions.
AI models	Representation of an entity, phenomenon, process or data, employing various AI algorithms to interpret, predict, or generate responses based on input. Machine learning model: mathematical construct that generates an inference or prediction based on input data or information. Source: AS ISO/IEC 38507:2022.
AI system	A machine-based system that, for explicit or implicit objectives, infers, from the input it receives, how to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments. Different AI systems vary in their levels of autonomy and adaptiveness after deployment. Source: https://www.industry.gov.au/publications/voluntary-ai-safety-standard/terms-and-definitions.
AI technology	Technology that enables computers and machines to simulate human learning, comprehension, problem-solving, decision-making creativity and autonomy. AI technology includes AI tools, products, applications, services and web services.
AI user	An entity that uses or relies on an AI system. This entity can range from organisations (such as businesses, governments, or not-for-profits) to individuals or other systems. In some contexts, an AI organisation user is equivalent to an AI deployer. Source: https://www.industry.gov.au/publications/voluntary-ai-safety-standard/terms-and-definitions.
Assurance	The process of measuring, evaluating and communicating something about a system or process, documentation, a product or an organisation. The overall aim of assurance is to verify and attest or assert that the system is operating as intended. AI assurance: measures, evaluates and communicates the trustworthiness of AI systems.

Term	Definition
	Source: https://www.industry.gov.au/publications/voluntary-ai-safety-standard/terms-and-definitions.
Bias	The 'systematic difference in the treatment of certain objects, people or groups in comparison to others'. It can be the basis for unfairness, defined as 'unjustified differential treatment that preferentially benefits certain groups more than others. Source: Voluntary AI Safety Standard.
Black box	AI technologies – particularly deep learning models – that make decisions without offering any insight into how they arrive at their conclusions.
Commercial-in-confidence information	Information that is disclosed in circumstances where an obligation to maintain the confidentiality of the information as between the discloser of the information and the recipient of the information exists, including such as where the obligation to maintain confidentiality is imposed by way of a contract, agreement, or understanding.
Commercial (public) AI tools or software	AI tools or software that process information ingested from an entity within the health system with the potential that the AI tools or software may make the information, or parts of it, available outside of the health system entity or, where appropriate, the health system.
Confidential information	*Confidential information* as defined in section 139 of the *Hospital and Health Boards Act 2011* (Qld) and confidential information defined in various parts of the Public Health Act 2005 (QLD).
Data breach	Unauthorised access to, or unauthorised disclosure of personal information held by the Department, or loss of personal information held by the Department that is likely to result in unauthorised access to, or unauthorised disclosure of the personal information.
Generative AI	AI technology capable of generating text, images, videos, or other data using generative models, in response to user prompts. Administrative Guideline for the safe and responsible use of Generative Artificial Intelligence in the Victorian Public Sector | vic.gov.au.
Health information	Health information as defined in the *Information Privacy Act 2009* (Qld), being a subset of *personal information*. Health information is included in the definition of sensitive information and is personal information about an individual that includes any of the following: • the individual's health at any time • disability of the individual at any time • the individual's expressed wishes about the future provision of health services to the individual • a health service that has been provided, or that is to be provided, to the individual

Term	Definition
	• personal information about the individual collected for the purpose of providing, or in providing, a health service; or • personal information about the individual collected in connection with the donation, or intended donation, by the individual of any of the individual's body parts, organs or body substances.
Health system	The public sector health system is comprised of the Hospital and Health Services and the department 8(1) of the *Hospital and Health Boards Act 2011* (Qld).
Information assessment	Assessing each information asset in the agency ICT information portfolio to determine in terms of its current value to the business, condition, cost and potential value then applying an objective process to planning the use of information assets the agency. Glossary | For government | Queensland Government
ICT-enabled and digital-enabled initiatives	ICT-enabled initiatives focus on delivering improvements to the existing way of doing business, using ICT as a key element. Any initiative requiring ICT/technologies to effect change and realise outputs, outcomes and/or benefits is considered ICT-enabled. However, digital-enabled initiatives have a broader impact, where ICT and technologies create innovative, transformative and disruptive change to services, processes, information, people, industries and society. Glossary | For government | Queensland Government
ICT initiatives	Initiatives that deliver an outcome that is enabled by information and communication technologies within the Queensland Health system. Glossary | For government | Queensland Government
Information and technology solutions	Include ICT platforms and services, data and information used by Queensland government. Reusable assets offer solutions to business capability needs for more than one Queensland government agency. Glossary | For government | Queensland Government
Large Language Models (LLMs)	Generative AI models trained on massive text data to understand and generate human-like text, translate, summarize, and answer questions.
Personal information	Personal information as defined in the *Information Privacy Act 2009* (Qld). Personal information as defined in section 12 of the *Information Privacy Act 2009 (Qld).* Personal information means information or an opinion about an identified individual or an individual who is reasonably identifiable from the information or opinion— (a) whether the information or opinion is true or not; and (b) whether the information or opinion is recorded in a material form or not.

Term	Definition
Privacy breach	A failure to comply with one or more of the Queensland Privacy Principles set out in the *Information Privacy Act 2009 (Qld).*
Privacy by design	'Privacy by design' is a process for embedding good privacy practices into the design specifications of technologies, business practices and physical infrastructures. This means building privacy into the design specifications and architecture of new systems and processes. Source: https://www.oaic.gov.au/privacy/privacy-guidance-for-organisations-and-government-agencies/privacy-impact-assessments/privacy-by-design.
Procurement of AI technologies Class 1 or Class 2	Class 1 - ICT products or services, including all on-premise, off premise and artificial intelligence (AI) technologies, cloud applications, systems and services. Class 2 – Comprises the following: Building Management Systems, speciality devices, operational technologies, including any of the aforementioned that include AI technologies, supported and connected to the Queensland Health network (or a network maintained and supported by the Department of Health divisions, HHSs or other entity) or that stores or extracts information. Medical or biomedical devices and operational technologies, including any of the aforementioned that include AI technologies, that stores or extracts information, including where the ICT functions contribute to patient clinical care and treatment decisions.
Public-available Generative AI tools	Generative AI software, services or features offered by third-party providers that have not been procured by Queensland Health and assessed for safe and secure use in accordance with requirements. Publicly available Generative AI tools are often offered for free upon accepting the provider's terms of service. Administrative Guideline for the safe and responsible use of Generative Artificial Intelligence in the Victorian Public Sector | vic.gov.au.
Security by design	A proactive, security-focused approach to the design, development and deployment of products and services that necessitates a holistic organisational approach to cybersecurity.
Sensitive information	Sensitive information as defined in the *Information Privacy Act 2009 (Qld),* being a subset of personal information. Sensitive information is information or an opinion about an individual's: • racial or ethnic origin • political opinions • membership of a political association • religious beliefs or affiliations

Term	Definition
	• philosophical beliefs • memberships of a professional or trade association • membership of a trade union • sexual orientation or practices • criminal record • health information • genetic information that Is not otherwise health information • biometric information that is to be used for the purpose of automated biometric verification or biometric identification; or • biometric templates.
Using AI, use of AI, AI use and corresponding terms	Developing or using an AI solution through any part of its lifecycle to fulfil an organisation's objectives. Source: AS ISO/IEC 38507:2022.

17. Approval and implementation

This policy will be reviewed 12 months from time of approval.

Policy Custodian	Policy Contact Details	Approval Date	Approver
Deputy Director-General, eHealth Queensland	Digtal-policy@health.qld.gov.au	19/11/2026	Director-General, Queensland Health

18. Version control

Version	Date	Comments
1.0	19 November 2026	Endorsed by Architecture and Standards Committee. Approved Director-General.