SEE GOVERNANCE forum on RYVER: To discuss governance arrangements for the membership, specifically how we conduct business based on our membership values of "Openness, Transparency and putting commercial interests aside to design open interoperability standards to deliver new models of care"

POSTED Sunday 12th March by Amir Mehrkar (acting INTEROPen Chair)

We have probably surpassed 100 member organisations now. At the latest count we had roughly 80+ vendors, 5 trusts, 4 large groups of CCG/LDR/STP type groups (Birmingham & Solihull LDR, Great North Care Record, Connecting Care Partnership, Healthy London Partnership), 3 clinical groups (Northern Ireland CCIO network, Emis National user group, PRSB) and IHE too. More members, organisations and vendors are asking to join every week.

The Membership T+Cs are on the website, http://www.interopen.org/content/MembershipTnCINTEROPenWebsite.pdf, with the key values being: **that you/your company/organization believes in openness, transparency, and in the context of INTEROPen's activities, putting commercial interests aside to design open interoperability standards to deliver the new models of care that our health and social care ecosystem needs.**

Michael's story is our first key use case project. CareConnect FHIR profiles have been produced and worked on in collaboration with NHS Digital. A CareConnect API and tooling programme run by NHS digital is being brought to the INTEROPen community by @richard_kavanagh .

So far we have a non-elected "leadership" team where there is a loose governance structure that has continued since INTEROPen4: a "do/act unless" others disagree and in disagreement there need to be suggestions put forward. We have published all curated CareConnect FHIR profiles online and updates on RYVER. We have requested HL7UK to ballot them.

The "leadership" team currently consists of: @amirmehrkar (acting Chair), @David_Stables and @paulcooper (co-founder execs), @dunmail @jonathan_homer (CTO/Github), curation team of vendors (Cerner, CSC, Endeavour, IMS MAXIMS, Orion Health, Ripple, Stalis, NHS digital), FHIR viewer (Endeavour health), Website support (Endeavour, Docman).

It is now time to debate the way forward as members in terms of driving the creation, adoption and incentivation of the FHIR CareConnect profiles/ APIs (and other standards curation requests) because of the announcement that was made at the end of the INTEROPSUMMIT panel:

that members of interop networks (C4H board, HL7UK, techUK, IHE, PRSB, BCS, CCIO/CIO network, OpenEHR, NHS Digital, NHS England), recognize a perception of overlapping and

competing activities often in the standards development processes that has often led to confusion to providers/commissioners/vendors etc. And that as a collective there could be better communication and openness, especially in terms of documentation and release of feedback.

These organisations have now agreed to work to establish how they can come together under an umbrella group called INTEROPen, whilst keeping the INTEROPen T+C/values/purpose/aims.

This step may also help to identify possible routes to support funding, e.g. INTEROPen Community Interest Company. However, the details of what such a governance structure may look like need to be worked out and are open to debate.

It was agreed that leaders of these groups would work together – engaging their members – to present proposals and release further details at the May eHealth week at Olympia.

So questions to INTEROPen members include, but are not limited to:

1. In terms of our T+Cs and key CareConnect FHIR project, how do members wish to see our current way of "leadership" change? Or do we continue with the current team? Do we aim to combine representatives of the C4H board, who may join INTEROPen, to establish a shadow leadership team until proposals are worked through for a clear governance structure? Should we have an election?
2. As the membership increases, e.g. to include PRSB, and potentially other bodies (such as BCS, or the CIO/CCIO network), how should we recognise the significant roles of leaders from these groups in our developing organizational decision making?
3. In terms of keeping true to our T+C for delivering the CareConnect FHIR/APIs – how do vendors/providers in the group propose they are held accountable in using the CareConnect profiles so that care delivery is truly transformed. Our T+Cs are akin to a charter, and we are all responsible to ensure each member plays their part and that those who are less engaged are approached appropriately, constructively and openly.

We now have a great opportunity to build on the real desire to implement the CareConnect profiles/APIs and I seek the engagement of membership to share their views.

The current leadership team will then come back with proposals.