



13 April 2026

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Dear Ms Gligora

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to comment on the draft NPHCDC Data Governance Framework (the Framework) and the associated Governing Bodies Terms of Reference (ToR). The RACGP supports initiatives to enhance population health insights while safeguarding patient privacy, maintaining public trust, and recognising the central role of general practice within the healthcare system.

The RACGP acknowledges the strength of the Framework in its emphasis on using deidentified data and in prohibiting the use of data for compliance, enforcement, auditing or benchmarking. However, we would like to see the changes outlined below, to ensure alignment with the [RACGP Three key principles for the secondary use of general practice data](#):

- The Framework is intending to rely on existing consent pathways for data sharing. Given the variability of consent arrangements across PHNs and data extractor software arrangements we would recommend a consistent national consent and optout model is established that is supported with clear patient facing information. This will provide greater transparency for patients and minimises the risk to general practices from patients who were unaware their data was being shared.
- The RACGP acknowledges the Framework's clear commitment to Aboriginal and Torres Strait Islander ethical research principles. However, we would suggest explicitly stating that research relating to Aboriginal and/or Torres Strait Islander peoples that does not adhere to appropriate ethical protocols, Indigenous Data governance and other relevant research practice is considered an unacceptable use. We also see an opportunity to strengthen a commitment to embedding the four priority reform areas under Closing the Gap into the Framework.
- The Framework does not sufficiently guarantee practices can control what data is being extracted from their clinical information systems. This is already an issue for many general practices. The Framework should enable practices to approve, pause, or withdraw from data sharing at any time. General practices must retain control over what data can be extracted from their systems and shared with other organisations.
- Whilst the Framework recognises the significant variations in data quality and a lack of data interoperability the RACGP has long standing concerns that poor data quality can lead to incorrect representation of the clinical work undertaken in general practice. The Framework should take a stronger stance on favouring the use of coded data and data standards. There needs to be transparency on the data limitations to prevent misinterpretation of GP clinical activity and GPs must be involved in interpretation of data to ensure the complexities of general practice are captured.



- While feedback reports to general practices may be valuable, there is still the potential for perceived benchmarking. Under the Framework practice-level reporting should be optional, co-designed with practising GPs, and permanently protected from regulatory use. Feedback reports must be useful for everyday clinical care or practice improvement.

Several areas in the draft ToR raise concerns for the RACGP including:

- The membership of the NPHCDC Data Governance Committee may include GPs or RACGP representatives, but this is not mandated. The ToR must recognise general practice as a valued and core stakeholder.
- NPHCDC Advisory Group appoints members as individuals, not as representatives of organisations. This will weaken formal GP sector representation and may reduce the RACGP's ability to ensure profession-wide perspectives are reflected.
- The strict confidentiality obligations will impede representatives from providing information on emerging risks or concerns. The ToR need balanced confidentiality settings to allow transparent professional engagement while protecting sensitive information.

Overall, the ToR establishes a standard governance structure but does not specifically protect GP and general practice interests and do not provide assurances that GP insights will shape the outputs or decisions on data use.

The RACGP would like to see guaranteed and appropriately remunerated GP representation on both governance bodies, clear rules to ensure GP participation in decision making and reporting obligations back to the primary care sector broadly.

The RACGP looks forward to working closely with AIHW to ensure the NPHCDC is clinically meaningful, ethically robust, and trusted by both general practitioners and their patients. To arrange a meeting or for further information please contact Joanne Hereward, Program Manager, Practice Technology and Management at joanne.hereward@racgp.org.au.

Your sincerely

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