RACGP response to the inquiry into the Australian Centre for Disease Control Bill 2025 and a related bill

October 2025

1.Introduction

The Royal Australian College of General Practitioners (RACGP) is pleased to provide a response to the Senate Standing Community Affairs Legislation Committee inquiry on the Australian Centre for Disease Control Bill 2025 and Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025.

The RACGP welcomes the establishment of the Australian Centre for Disease Control (Australian CDC) and has provided previous advice through submissions to the Department of Health and Aged Care's consultation on the establishment of a Centre for Disease Control (2022) and Australian Centre for Disease Control (CDC) consultation on how the Australian CDC plans to use data (2024).

2.About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 50,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population. We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs.

We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues affecting their practices. We are a point of connection for GPs serving communities in every corner of the country.

Australia's GPs see more than two million patients each week, and support Australians through every stage of life. Every year, almost nine in 10 Australians visit a specialist GP for their essential healthcare, making them the most accessed health professional in the country. The scope of general practice is unmatched among health professionals. Patient-centred care is at the heart of every Australian general practice, and at the core of everything we do.

To that end, the RACGP is well positioned and keen to work productively and collaboratively to support the establishment of the Australian CDC, ensuring GPs and primary care are appropriately and consistently represented.

3.Summary of RACGP recommendations

In summary the RACGP recommends:

1. GP representation should be established via a mechanism or pathway for regular input into the Australian CDC
2. the Australian CDC should engage in regular dialogue with practitioners and health services in specific areas focusing on the broad determinants of health
3. monitoring and coordination of Australia's response to antimicrobial resistance should be a priority of the Australian CDC
4. inclusion of non-communicable and chronic diseases within the remit of the Australian CDC
5. primary care data be prioritised for appropriate and effective interpretation and utilisation by the Australian CDC
6. GP researchers are engaged in the interpretation of data sourced from general practice
7. the creation of a national primary care practice-based research network (PBRN) to improve responses to public health emergencies, test policy decisions and provide an evidence-base for decisions

8. protections around self-determination, culturally safe care and data sovereignty for Aboriginal and Torres Strait Islander people are enshrined in legislation
9. the four Priority reform areas under Closing the Gap inform establishment of the Australian CDC
10. clinical practice guidelines should:

    - have strong input from generalists
    - be informed by people with expertise in coal-face delivery of healthcare
    - engage Aboriginal and Torres Strait Islander people and,
    - be continuously reviewed and updated.

4.Consultation response

The RACGP broadly supports the establishment of the Australian CDC as outlined in the Australian Centre for Disease Control Bill 2025 Explanatory Memorandum (the Explanatory Memorandum), as a reflection of the Australian Centre for Disease Control Bill 2025. However, we would like to take this opportunity to reiterate our position and expectations in the following areas.

4.1. Primary care representation

GPs play a critical role in a patient's journey through the healthcare system, often acting as the central point of contact, coordination, education, and trust, providing high-quality best-practice care for their patients. GPs are experts in providing patient-centred, continuous, and coordinated care. GPs know their patients, their medical history, backgrounds, social and mental health circumstances.

The RACGP strongly supports the Primary Health Care 10 Year Plan inclusion that "*primary health care needs to be better integrated into emergency preparedness and response at local, jurisdictional and national level to prepare for future droughts, floods, bushfires, communicable disease outbreaks and other emergencies*".

To that end, GP representation should be established via a mechanism or pathway for regular input into the Australian CDC, including where outlined in the Explanatory Memorandum "*the Director-General would be able to create temporary expert advisory groups under section 24 of the PGPA Act [to] provide technical and specialist advice on key issues—including community expertise and highly specialised advice on specific diseases and responses, where needed*".

The proposed 10-member Advisory Council should include at least one position that represents the breadth of services delivered by primary care which are crucial to supporting the key intent of the Australian CDC.

The Australian CDC should engage in regular dialogue with practitioners and health services in specific areas focusing on the broad determinants of health, including language barriers, socioeconomic barriers and geographical and physical access to healthcare. The RACGP has a significant network of clinicians with specific interests who can be utilised to provide advice and guidance on the above, as well as providing formal GP representation on committees and working groups via our representatives process.

Extensive consultation with primary healthcare professionals and organisations is essential in shaping future responses to meet the needs of current, ongoing and future disease response.

4.2. Antimicrobial resistance

The RACGP acknowledges the inclusion in the Explanatory Memorandum of antimicrobial resistance as an ongoing public health risk in Australia and that "*preventative health activities include, but are not limited to [...] coordinating national activities related to antimicrobial resistance*".

The RACGP believes monitoring and coordination of Australia's response to antimicrobial resistance should be a priority of the Australian CDC.

Often labelled the 'silent pandemic', antimicrobial resistance is increasingly impacting our responses to infectious diseases. Antimicrobial resistance and the spread of 'superbugs' is already responsible for mortality and hospitalisations.

The RACGP supports a collaborative multi-sectorial approach to ensure appropriate antimicrobial use and efforts to reduce antimicrobial resistance in Australia and is well positioned to work collaboratively with the Australian CDC to develop tailored approaches to assist GPs in antimicrobial stewardship. Programs developed for hospitals cannot simply be implemented in general practice.

The RACGP supports patient safety with a focus on interventions which prevent antimicrobial resistance whilst minimising harm, morbidity and mortality from infectious disease.

4.3. Non-communicable and chronic diseases

The RACGP notes the "*initial priorities will focus on communicable diseases, pandemic preparedness and existing capabilities in environmental health and occupational respiratory diseases*" before "*progressive expansion into areas such as chronic conditions will be considered following an independent review of the Australian CDC's funding and operations in 2028*".

In our submission the Department of Health and Aged Care's consultation on the establishment of a Centre for Disease Control in 2022 the RACGP noted the Australian CDC could incorporate governance for the main preventive programs identified as focus areas of the National Preventive Health Strategy, being:

- reducing tobacco use and nicotine addiction
- improving access to and the consumption of a healthy diet
- increasing physical activity
- increasing cancer screening and prevention
- improving immunisation coverage
- reducing alcohol and other drug harm
- promoting and protecting mental health,

Noting having these programs under one agency may go some way to reducing fragmentation among programs, while increasing efficiencies.

The RACGP continues to support the inclusion of non-communicable and chronic diseases within the remit of the Australian CDC and looks forward to providing input into the future review.

4.4. Data and data standards

The RACGP supports the proposition the Australian CDC "*would be a data-driven organisation, delivering a contemporary, nationally coordinated approach to public health data*", utilising data standards.

The key role of data standards is to create consistency and compatibility. Current healthcare IT systems use different coding and terminology across fragmented systems making it difficult to transfer, compare and analyse data, a key barrier to effective data exchange and consistent and accurate national data.

4.4.1 Access to primary care data

Disease surveillance often relies on hospital data because it has historically been easier to collect. However, primary care data is a richer, more immediate source of information about epidemiology of emerging communicable and non-communicable conditions and should be prioritised for appropriate and effective interpretation and utilisation.

Key to this interpretation and effective utilisation is leveraging expertise currently available in the field from which the data is collected. For example, it is essential that GP researchers are engaged in the interpretation of data sourced from general practice as they understand the context in which the data was collected, and the nature of the data.

One of the key challenges is the limited access to the rich data held in general practice and primary healthcare more broadly. The lack of access to this data will hamper the ability of the Australian CDC to make informed decisions in a timely manner, and to create data linkages with information collected across the public and private tertiary sectors.

GPs need support to install near-real time data extraction and analysis tools that are purpose built to enable research and decision making. Implementation of legislative frameworks and funding models to facilitate data-linkages across primary and hospital care is also required.

4.4.2 National primary care practice-based research network

Creation of a national primary care practice-based research network (PBRN) would enable the Australian CDC to improve the responses to public health emergencies, test policy decisions and provide an evidence-base for decisions. A national PBRN will establish critical infrastructure that provides access to linkable general practice data for disease surveillance, vaccine effectiveness and pandemic preparedness. It will also provide access to the methodological and technical expertise to analyse and interpret linked general practice data, led by primary care researchers.

See 3.1 of the RACGP's Pre-Budget Submission 2025-26 for further details on a proposed PBRN.

4.5. Aboriginal and Torres Strait Islander people

4.5.1 Representation

A fair and equal representation from all health-related and community stakeholders will support a successful Australian CDC.

Equity of access to health care must be embedded, with supportive measures such as patient education to ensure all Australians can receive high quality care. This includes services that are inclusive of people from culturally and racially marginalised groups people (for example, translations available in multiple languages) and are culturally safe for Aboriginal and Torres Strait Islander people (for example, consultation with communities to understand their needs and ensure these are met).

The remarkable success of the COVID response in protecting Aboriginal and Torres Strait Islander communities demonstrates the importance of self-determination, strengths based public administration, cultural safety and genuine partnership[1]. These principles need to also be embedded in the design and administration of the Australian CDC.

The legislation must enshrine protections around culturally safe care and Indigenous data sovereignty for Aboriginal and Torres Strait Islander people.

To that end the RACGP supports the Bill's inclusion that "*at least one appointed member of the Advisory Council must be an Aboriginal person or Torres Strait Islander (or both), with expertise, qualifications or experience in the health needs of Aboriginal persons and Torres Strait Islanders (or both)*".

4.5.2 Data sovereignty

Data that concerns or that might affect Aboriginal and Torres Strait Islander people, either individually or collectively, should be given specific consideration by third parties, including the Australian CDC. Aboriginal and Torres Strait Islander data sovereignty ensures data on or about Aboriginal and Torres Strait Islander people is used in ways that are consistent with their values, culture, and diversity, and meets their current and future needs. Enhanced data sets can assist to design tailored preventative health strategies to those with the poorest health outcomes. Identification and analysis of key demographic data collected is critical, particularly that which reflects groups with the poorest health outcomes. This would include socio-economic status, age, disability, Aboriginal and Torres Strait Islander people background, culturally and linguistically diverse background.

The CDC must ensure appropriate Aboriginal and Torres Strait Islander data sovereignty and data governance arrangements are embedded, which requires guidance from Aboriginal and Torres Strait Islander Communities and their representatives. Guidance to the Australian CDC from National Aboriginal Community Controlled Health Organisation (NACCHO) about access to Aboriginal Community Controlled Health Organisation data will be important. See Lowitja

Institute's Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities.

The RACGP notes some Aboriginal or Torres Strait Islander patients may choose not to self-identify as such, and therefore all data may include information about Aboriginal and Torres Strait Islander people.

4.6. Guideline development

COVID-19 led to GPs being inundated with uncoordinated and sometimes contradictory information via the federal Department of Health, state-based health authorities, Primary Health Networks and Local Hospital Districts.

In our submission the Department of Health and Aged Care's consultation on the establishment of a Centre for Disease Control we noted that "the CDC could assist GPs and other healthcare providers by acting as a single source of truth during future pandemics" and that "the establishment of the National Clinical Evidence Taskforce (formerly the National COVID-19 Clinical Evidence Taskforce) with representation from 34 peak bodies (including the RACGP) and trusted independent evidence-analysis from Cochrane Australia, was one of the successes that emerged from the pandemic that could be maintained and supported by a CDC."

To that end the RACGP is pleased to note the inclusion in the Explanatory Memorandum that "*The Australian CDC would develop health guidelines, statements and standards, which Commonwealth and states and territories could consider adopting for their responsible sectors".*

Clinical practice guidelines are an essential mechanism to define 'best practice'. To be trusted and fit for purpose they need strong input from generalists, need to be informed by people with expertise in coal-face delivery of healthcare, need to engage Aboriginal and Torres Strait Islander people as per NHMRC guidance, and need to be continuously reviewed and updated.

5.Conclusion

The RACGP supports the establishment of the Australian Centre for Disease Control and thanks the Committee for the opportunity to provide feedback on the Australian Centre for Disease Control Bill 2025 and a related bill.

For any enquiries regarding this submission, please contact Joanne Hereward, Program Manager – Practice Management and Technology via joanne.hereward@racgp.org.au.

6. References

1. Althaus, Catherine, Dawn Casey, and Lucas de Toca. "Responding to COVID-19 in Aboriginal and Torres Strait Islander communities: the importance of strengths-based public administration, cultural safety and working in genuine partnership." Research Handbook on Public Management and COVID-19. Edward Elgar Publishing, 2024. 162-175.