Submission to the National Health Practitioner Ombudsman

# Inquiry into Delay and Procedural Fairness for Practitioners Subject to Immediate Action

**Submitted by:**
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On behalf of the membership of AMPS and NPAA.

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## 1. Executive Summary and Recommendations

The Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards have evolved far beyond their original public protection mandate. Over time, they have become institutions characterised by a lack of transparency, punitive action without due process, and a growing influence of ideology on clinical practice and the views expressed by practitioners. This submission, produced after consultation with more than 16,000 members of the Nurses Professional Association of Australia (NPAA) and the Australian Medical Professionals Society (AMPS), provides a detailed, evidence-based analysis of the systemic harm being caused under the guise of Immediate Action powers.

Drawing upon practitioner testimonies, national survey data, Senate and Ombudsman reports, and a growing body of expert media commentary, we present overwhelming evidence of regulatory overreach, procedural injustice, and the politicisation of healthcare. Practitioners have been suspended for "thought crimes"—for sharing peer-reviewed literature, voicing conscientious objections, or raising clinical and ethical concerns. This behaviour is incompatible with the foundational principles of medicine, science, democracy, and patient-centred care as well as the guiding principles of the National Law.

The submission exposes repeated failures across:

- Transparency and accountability
- Timeliness and fairness in investigations
- Peer-reviewed decision-making
- Protection of whistleblowers and ethical dissent

**Examples of Regulatory Overreach Include:**

- Indefinite suspension of practitioners for voicing concerns about government guidelines, despite providing evidence-based, patient-informed care
- Censure of clinicians raising ethical concerns around issues like euthanasia and abortion, despite legal protections for conscientious objection
- Negative repercussions and disciplinary action against whistleblowers reporting unsafe hospital conditions or medical errors
- The silencing of dissenting medical views through vague allegations and anonymous complaints

The cost of these actions is measured not only in the suffering of innocent practitioners, but in the erosion of patient care, scientific freedom, and public trust.

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## Summary of Recommendations:

1. **Enforce time limits** on Immediate Action investigations with automatic external review

2. **Guarantee procedural fairness**, including the right to respond before action
3. **Establish an independent oversight body** for AHPRA and the Boards
4. **Create an appeals and compensation mechanism** for wrongful suspension
5. **Restrict anonymous complaints** to cases involving abuse or violence
6. **Protect whistleblowers and medical dissenters** under federal law
7. **Compulsory peer-reviewed clinical input** in all Immediate Action decisions
8. **Create a mental health and legal support fund** for affected practitioners
9. **Publish quarterly KPIs and data transparency reports**
10. **Restore co-regulatory options** or devolve power to state-level oversight bodies

## 2. Introduction and Background

The Australian Health Practitioner Regulation Agency (AHPRA) was established under the National Registration and Accreditation Scheme in 2010, with the stated aim of 'protecting the public' by ensuring that only qualified, competent, and suitably trained health practitioners are registered to practice.

However, over the past decade—the regulatory landscape has shifted dramatically. AHPRA and the National Boards have assumed expansive powers, notably through the use of Immediate Action provisions under section 156 of the National Law, in ways that have departed from principles of natural justice and undermined the therapeutic, ethical, and scientific foundations of Australian healthcare.

This submission is made jointly by NPAA and AMPS—two national organisations representing more than 16,000 frontline nurses, doctors, and allied health workers. Our mission is to uphold ethical, evidence-based, and patient-centred care, while defending the rights of our members to practice without fear, censorship, or arbitrary persecution.

Over the past three years, we have conducted extensive member engagement, including formal surveys, open submissions, media publications, legal advocacy, and Senate testimony. The pattern that emerges is deeply troubling: the Immediate Action process has been used not as a last resort to manage imminent risks, but as a default mechanism to silence dissent, enforce conformity to untested public policies, control political opinion and remove practitioners from their professions without fair hearing.

This submission provides detailed evidence supporting these claims, through data, case studies, and legal and policy analysis. It concludes with a clear set of recommendations for urgent regulatory reform. This is not merely a policy critique—it is a call for the restoration of justice, transparency, accountability and trust in the health regulatory system.

## 3. Methodology and Evidence Base

This submission is grounded in rigorous data collection and stakeholder engagement, integrating both quantitative and qualitative insights. The evidence base comprises the following core sources:

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**a) Practitioner Surveys**
In late 2024 and early 2025, AMPS and NPAA conducted comprehensive national surveys titled *"Your Experience Matters"* and *"Have Your Say on AHPRA."* These surveys gathered over 1,800 responses from medical, nursing, and allied health practitioners across all jurisdictions in Australia. Key insights include:

- Over 76% of respondents reported feeling unfairly treated in the AHPRA process
- More than 60% experienced investigation delays of six months or longer
- 43% reported mental health deterioration directly linked to regulatory action
- 19% considered leaving their profession as a result of their experience

These findings provide strong empirical support for the broader claims of systemic regulatory failure made throughout this submission.

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**b) Member Testimonies**
More than 1800 individual member testimonies were collected via secure and confidential submissions. These were de-identified and grouped thematically into categories such as:

- Procedural injustice
- Mental health harm
- Vexatious complaints
- Whistleblower retaliation
- Political suppression
- Cultural and gender discrimination

These accounts illustrate the human cost of AHPRA's regulatory overreach and reveal consistent patterns of harm, particularly under Immediate Action provisions.

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**c) Review of Parliamentary and Independent Reports**
This submission synthesises findings from multiple formal inquiries and oversight reviews, including:

- The 2011, 2017, and 2022 Senate Community Affairs Committee Reports
- The 2014 Victorian Legal and Social Issues Legislation Committee Report
- National Health Practitioner Ombudsman annual reports

Each of these inquiries identified serious flaws in AHPRA's handling of notifications, including delays, lack of transparency, and absence of practitioner safeguards—many of which remain unresolved today.

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**d) Published Submissions, Letters and Media Commentary**
We incorporate references to previously published submissions and open letters by AMPS and NPAA, along with key opinion pieces from *The Spectator Australia*, *The Medical Republic*, *Quadrant* and others. These sources explore AHPRA's politicisation of regulation and provide independent verification of the issues raised by our members.

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**e) Legal and Tribunal Precedents**
Where relevant, tribunal and court decisions such as the landmark case of Dr William Bay are cited to demonstrate unlawful or unjustified regulatory action, including misapplication of Immediate Action powers and denial of procedural fairness.

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This submission is further supported by peer-reviewed academic literature analysing AHPRA's use of Immediate Action powers. Bradfield, Spittal and Bismark (2020) and Harpur, Bedford and Bismark (2022) provide empirical and legal critiques of how these powers have evolved beyond their original protective function, often lacking transparency, proportionality, and safeguards for practitioners.

Together, these sources create a robust and triangulated foundation for the conclusions and recommendations that follow. The methodology ensures that this submission is not only representative of practitioner experience, but aligned with independent legislative, legal, and academic scrutiny.

## 4. Systemic Issues in AHPRA's Immediate Action Process

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### 4.1 Procedural Fairness and Natural Justice

One of the most alarming systemic issues identified by our members, supported by the findings of multiple Senate inquiries, is the frequent denial of procedural fairness during Immediate Action processes. The principles of natural justice — including the right to be heard, the right to a fair and impartial decision-maker, and the right to understand and respond to allegations in a just and fair time frame — are routinely compromised or bypassed.

Practitioners under Immediate Action often report:

- Receiving suspension notices with no prior warning
- Inadequate or no details of the specific allegations
- No opportunity to respond prior to the suspension being enforced
- Delays in access to legal representation or peer support
- Limited or no access to evidence submitted by the notifier

This is contrary to AHPRA's own policies and administrative law expectations. In effect, practitioners are treated as guilty until proven innocent, subjected to months or years of uncertainty, during which time their livelihoods, reputations, and personal wellbeing are devastated.

Academic research supports this systemic concern. Bradfield, Spittal and Bismark (2020) found that Immediate Action powers under the National Law are increasingly used in a way that can be perceived as punitive, particularly when no findings of misconduct have been made. The authors highlight that "public interest" is an ill-defined threshold that can justify severe regulatory consequences without procedural safeguards, risking the erosion of natural justice for health practitioners.

**Case Insight:**
In a landmark case, the Queensland Supreme Court found that the suspension of Dr William Bay was unlawful and failed to meet basic standards of procedural fairness. The ruling highlighted apprehended bias, lack of factual evidence, and the absence of any identifiable breach of professional standards.

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### 4.2 Mental Health, Career and Community Impact

As noted by Harpur, Bedford and Bismark (2022), AHPRA's deployment of Immediate Action powers has at times amounted to "coercive regulatory practice." Their analysis identifies an urgent need for safeguards, warning that without time limits or proportionality, these powers can inflict substantial harm on practitioner wellbeing and reputational standing. The authors argue that the ethical justification for such actions diminishes where there is no evidence of imminent harm.

The psychological toll of AHPRA's Immediate Action process cannot be overstated. For many practitioners, even the receipt of a notification triggers acute stress. For those subjected to suspension

or investigation—particularly without warning or fair process—the impact often escalates to include anxiety, depression, PTSD, and in some cases, suicidal ideation.

**Survey Findings:**

- More than 50% reported anxiety or depressive symptoms directly linked to the process
- More than 30% sought professional mental health support
- More than 25% disclosed suicidal ideation during the regulatory process

**Consequences:**

- Loss of income, sometimes for over a year
- Career damage, reputational harm, and insurability issues
- Disconnection from professional identity and community

Patients also suffer when services are disrupted, especially in rural or underserved areas. For example, when Professor Reece's addiction clinic was closed due to Immediate Action, it led to patient deaths and spikes in community-level crises.

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**4.3 Vexatious and Politically Motivated Complaints**

The current system allows the notification process to be weaponised. Practitioners have been targeted for ideological reasons, professional rivalry, patient no-win-no-fee legal actions, or personal grievances. The ability to lodge anonymous complaints without evidentiary thresholds opens the door to abuse.

**Survey Findings:**

- Many believed their notification was vexatious or professionally motivated
- More than 73% strongly disagree that based on their knowledge or experience, that there is an appropriate balance between public protection and practitioner rights?
- More than 70% believe there are NOT sufficient checks and balances to ensure immediate action is only used when necessary to protect the public?
- 82 % stated their experience with or knowledge of AHPRA's immediate action process has significantly decreased their trust in the regulatory system?
- 98% believe medicine is becoming Politicised.

**Common Themes:**

- Complaints tied to political commentary such as covid policies, abortion, euthanasia, gender theory, global conflicts, ethical objections, or social media posts
- Practitioners silenced for second opinions or public advocacy
- Retaliatory complaints following internal whistleblowing

**Conclusion:**
These patterns reveal how Immediate Action powers are misused to enforce ideological conformity rather than focusing on actual patient harm. Without safeguards, the system functions as a punitive mechanism rather than a protective one.

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**4.4 Transparency, Delays, and Lack of Accountability**

AHPRA's Immediate Action process suffers from chronic delays and a lack of transparency. Investigations often exceed 12 months, with little to no communication, leaving practitioners in professional limbo.

**Survey Findings:**

- 68% received inadequate or no communication
- 47% experienced delays longer than 6 months up to beyond 5 years
- 22% were never informed of the complaint outcome

**Key Report Findings:**

- The 2017 and 2022 Senate reports described systemic failures in communication and timeliness
- The 2014 Victorian report called for state-level oversight due to AHPRA's bureaucratic opacity

**Identified Gaps:**

- No mandatory timeframes for case resolution
- No enforceable standards for communication
- No recourse or accountability for inaction or mismanagement
- No ability to claim damages financial or psychological for personal and professional harm

**Conclusion:**
Without transparency and accountability, trust in regulation deteriorates. Delays not only harm practitioners, but ultimately jeopardise public access to safe, consistent healthcare.

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## 5. Member Testimonies (Anonymised)

The following anonymised case studies are drawn from over 1800 practitioner submissions received by AMPS and NPAA. They reflect the lived experience of Immediate Action processes and illustrate key themes of regulatory injustice, professional harm, and personal trauma.

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**Case 1: Senior Nurse**
*Theme: Whistleblowing Suppression*
A senior emergency department nurse was suspended under Immediate Action after raising concerns internally about unsafe staffing levels. An anonymous complaint alleged "non-compliance with public health policy." She was not given the opportunity to respond before suspension. After 11 months, the case was closed with no finding of misconduct. She lost her home and has not returned to nursing.

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**Case 2: Rural GP**
*Theme: Rural Access & Free Speech*
A solo GP in a remote community received an anonymous complaint alleging "vaccine misinformation" after posting peer-reviewed studies on informed consent. Despite no patient complaint or clinical harm, AHPRA suspended his registration. Over 1,200 patients lost access to care. A tribunal later overturned the decision, but the GP faced financial collapse and reputational damage.

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**Case 3: Allied Health Practitioner**
*Theme: Professional Rivalry / Vexatious Complaint*
A physiotherapist was reported by a competing practitioner for using "non-standard techniques." Despite no patient harm and strong community support, she was suspended and faced a 9-month investigation. Two appeals were required to restore her registration. She now only works part-time due to fear of retribution.

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**Case 4: Junior Doctor**
*Theme: Retaliation by Senior Staff*
A junior hospital doctor who raised concerns during a morbidity and mortality review was reported by a supervisor for "disruptive conduct." AHPRA launched an investigation that delayed her training and prevented her from securing a registrar position. The complaint was eventually dismissed. She has since moved overseas and left the Australian healthcare system.

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**Case 5: Nurse Practitioner**
*Theme: Ideological Targeting / Mental Health Harm*
Following a social media post critical of lockdown measures, a nurse was anonymously reported. Despite no clinical concerns or patient harm, AHPRA imposed Immediate Action. Her appeal

succeeded nine months later. During this period, she experienced severe depression and required psychiatric support.

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**Case 6: Psychologist**

*Theme: Misuse of Complaint System by Family Member*

A psychologist was reported by a patient's family member for an alleged ethical breach during a custody matter. The complaint lacked specifics and was ultimately dismissed, but not before a 14-month investigation. The practitioner left the profession due to the emotional toll.

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**Case 7: Anaesthetist**

*Theme: Whistleblower Retaliation*

After filing a workplace safety report, an anaesthetist was anonymously accused of "unprofessional behaviour." He was suspended immediately. A later review found the complaint baseless. He suffered PTSD and could not return to hospital work.

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**Case 8: Aboriginal Health Worker**

*Theme: Cultural Discrimination*

An Aboriginal Health Worker was suspended for practising traditional care methods within community protocols. Despite community support and no adverse events, AHPRA imposed restrictions. The delay in resolution disrupted vital local services and caused cultural disempowerment.

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**Case 9: Female Surgeon – Metropolitan Hospital**

*Theme: Gender-Based Targeting*

A female surgeon faced Immediate Action after being described as "intimidating" in theatre—a behaviour routinely excused in male colleagues. No formal patient complaint was ever made. She was later cleared, but lost professional appointments and mentorship opportunities.

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**Conclusion:**

These cases—representing a small sample of hundreds—demonstrate the systemic misuse of regulatory power. Common patterns include anonymous or vexatious complaints, lack of due process, protracted delays, and disproportionate consequences. The damage to careers, mental health, and healthcare access is profound and ongoing.

## 6. Review of Relevant Inquiries and Reports

In its 15 year history there have been 13 inquiries into AHPRA including multiple government, parliamentary, and independent inquiries. These inquiries have raised serious concerns about the operations of AHPRA and its handling of complaints, especially under Immediate Action provisions. These reviews consistently identify the same systemic failures: lack of procedural fairness, excessive delays, absence of independent oversight, and failure to act in accordance with the principles of a model litigant.

This section highlights the findings of the most significant inquiries and the disturbing continuity of problems that remain unresolved.

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**1. Senate Finance and Public Administration Committee (2011)**

This early inquiry exposed major failures in registration administration, including instances where practitioners were deregistered due to AHPRA's own administrative errors. One practitioner lost Medicare billing privileges for weeks due to a lapse caused by AHPRA, with no fault of their own. The committee called for apology letters, financial compensation, and improved responsiveness. These recommendations were never fully adopted.

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**2. Victorian Legal and Social Issues Legislation Committee (2014)**

This inquiry found that AHPRA's performance in managing health complaints was plagued by excessive bureaucracy and unclear accountability. The committee noted that complaints often took longer than 12 months, with no transparency or communication. It concluded that health complaints should be managed at a local level and recommended that Victoria consider adopting a co-regulatory model, like that used in New South Wales.

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**3. Senate Community Affairs Committee Report (2017)**

This report examined how the complaints process could be used as a tool of professional harassment. Numerous submissions described how vexatious or ideological complaints were allowed to progress without scrutiny. The committee recommended:

- Development of a formal framework to identify and reject vexatious complaints
- Establishment of appeal rights for cautions
- Mechanisms for compensation for wrongly investigated practitioners

We do not believe these measures have been implemented.

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**4. Senate Community Affairs Committee Report (2022)**

The 2022 report confirmed that the same problems had persisted, now with even greater impact. Practitioners reported:

- Suspension based on anonymous or unverified complaints
- Investigations stretching beyond 18 months
- Emotional and financial harm resulting from lack of procedural fairness

In one case, a practitioner was suspended before being given access to the allegations against them, and the complaint was later withdrawn with no finding of misconduct.

The committee called for:

- Reform of mandatory reporting
- Limiting anonymous complaints
- Mental health support for practitioners
- Independent review mechanisms for Immediate Action

Despite the urgency of these recommendations, few have been acted upon.

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**5. NHPO Reports and Annual Reviews (Ongoing)**

The National Health Practitioner Ombudsman (NHPO) has issued annual reports that highlight recurring problems with AHPRA's handling of complaints. These include:

- Inconsistent communication
- Lack of transparency about timelines
- Failure to update complainants or respondents
- Increased psychological distress among practitioners under investigation

The NHPO has called for systemic reform, but its role remains limited in scope and power.

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## Key Takeaway:

Across all reports and inquiries, the evidence is clear: AHPRA has repeatedly failed to act as a model litigant. It has ignored parliamentary recommendations, allowed systemic problems to persist, and continued to apply its Immediate Action powers without adequate legal or clinical safeguards.

Urgent structural reform is needed, including—as a bare minimum - independent oversight, enforceable timelines, and proper accountability. Until this happens, practitioners remain vulnerable to injustice, and the public will be unprotected from regulatory failure.

## 7. Professional and Media Perspectives

The concerns raised by practitioners and formal inquiries are echoed by respected voices across the medical profession, investigative journalism, and independent advocacy. These perspectives further validate the growing consensus that AHPRA's regulatory culture has become overly politicised, punitive, and unaccountable.

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**Media Investigations and Commentary**

- **"The Human Cost of AHPRA" (AMPS, 2024)**
  A nationally circulated report highlighting real stories from suspended or silenced practitioners. The campaign exposed the disproportionate toll of Immediate Action powers and sparked renewed calls for reform.

- **"Why I Left AHPRA to Help Practitioners" – David Gardner (Medical Republic, 2024)**
  A revealing exposé by a former AHPRA insider who detailed the regulator's internal dysfunction, lack of clinical understanding, and growing culture of fear. Gardner described how procedural shortcuts and unchecked discretion left many practitioners broken and unsupported.

- **Spectator Australia Opinion Series (2022–2025)**
  Articles including *"Censorship: A Threat to Public Health"*, *"Confidence Through Censorship"*, and *"When Science Becomes a Threat to Population Health"* documented how AHPRA's actions appear to suppress scientific diversity, intimidate clinicians into silence, and distort the practice of medicine, leaving public health exposed to political agendas. See reference list.

- **"Exposing the Misuse of Emergency Suspension Powers" (AMPS, 2025)**
  A legal-policy briefing paper outlining systemic failings in the application of Immediate Action, with reference to court judgments, media analysis, and lived experiences.

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**Professional and Organisational Commentary**

- **Dr Michael Gliksman (Medical Republic, 2024)**
  In *"Medical Board of Australia, Heal Thyself"*, Dr Gliksman warned of the regulator's drift into authoritarianism and groupthink. He highlighted that complaints are increasingly processed with a presumption of guilt and that professional autonomy is eroding under regulatory coercion.

- **Australian Medical Professionals Society (AMPS)**
  AMPS has submitted multiple formal submissions to state and federal inquiries, documenting an expanding list of practitioners targeted for ideological reasons. These include doctors suspended for raising valid concerns about vaccine mandates, informed consent, and hospital

conditions.

- **Nurses Professional Association of Australia (NPAA)**
  NPAA has led campaigns and open letters defending nurses penalised for lawful professional dissent. They continue to advocate for procedural reform and clinical independence as core components of safe practice.

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**Recurring Observations Across Perspectives**

- **Suppression of clinical independence:** Practitioners fear voicing concerns due to risk of regulatory retaliation
- **Punishment without harm:** Suspensions often occur despite no adverse patient outcomes
- **Decline in trust:** Patients and practitioners alike are losing faith in the fairness and neutrality of AHPRA's processes
- **Detrimental effect on the practise of evidence-based medicine:** Scientific discourse is stifled when practitioners are penalised for dissent

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These perspectives highlight a broader cultural failure: where regulators once supported ethical care and clinical excellence, they now too often enforce political conformity and discourage innovation. Together with practitioner testimonies and formal inquiries, these voices form a powerful mandate for urgent reform.

## 8. Analysis of Regulatory Overreach and Suppression of Clinical Judgment

AHPRA's expanding interpretation of its regulatory remit has resulted in substantial and widespread suppression of clinical autonomy. The trend toward enforcing uniform adherence to policy—regardless of a practitioner's ethical, scientific, or clinical judgment—has had far-reaching and damaging effects.

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**Clinical Silencing and Fear of Reprisal**

Practitioners across disciplines report censoring themselves in clinical notes, professional forums, and patient consultations for fear that voicing dissenting medical opinions may result in a complaint or investigation.

> *"I no longer feel safe expressing clinical uncertainty or raising evidence that deviates from the government position. The risk of being reported outweighs the benefit of honest care."* — Survey respondent

**Survey Insight:**
59% of practitioners stated they no longer feel free to speak openly in clinical or public health settings.

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**Disruption of Ethical Practice**

Prior to and extending exponentially during the COVID-19 pandemic, and continuing beyond it, AHPRA's response to politically sensitive topics has blurred the boundary between regulating misconduct and policing thought. Practitioners were punished not for harming patients, but for voicing concerns around emerging public health strategies, vaccine mandates, or pandemic ethics.

**Examples include:**

- Suspension of practitioners for issuing lawful and clinically appropriate exemptions
- Warnings issued for criticising mandates based on peer-reviewed literature
- Investigations triggered by the expression of conscientious objections

These actions signal that compliance with political narratives or public confidence in government, has, in some cases, been prioritised over scientific evidence, clinical reasoning and informed consent.

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**Suppression of Scientific Debate**

By acting against practitioners who question dominant narratives or express minority scientific viewpoints, AHPRA contributes to a chilling effect on research, professional dialogue, and medical evolution.

**Media Commentary:**
Articles such as *"When Science Becomes a Threat to Population Health"* and *"Censorship: A Threat to Public Health and Safety"* warn that Australia's regulatory environment now penalises the intellectual diversity that science depends on.

**Expert Opinion:**
Dr Michael Gliksman, writing in *The Medical Republic*, stated that AHPRA's regulatory posture has rendered science "subservient to bureaucracy and political narrative, rather than truth-seeking."

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**Consequences for Patients and Communities**

The consequences of regulatory overreach are not theoretical—they are real and measurable:

- Patients are denied access to diverse medical opinions
- Communities lose trusted clinicians over political disagreements
- Research, innovation, and professional dialogue are stifled
- Public trust in health institutions is eroded

Those most impacted are often rural populations, marginalised communities, and patients requiring personalised care plans.

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## Conclusion

The consequences of regulatory overreach are not limited to the professional lives of clinicians. They extend into every facet of healthcare delivery and public trust. Without immediate correction, Australia risks entrenching a system where compliance trumps conscience, and conformity overrides compassion.

Harpur et al. (2022) argue that Immediate Action, in its current form, may constitute a form of "coercive regulation" that undermines both the ethical and legal foundations of medical practice. This is particularly evident when practitioners face suspension or public reprimand without findings of misconduct, often for sharing alternative scientific perspectives or raising systemic concerns. Bradfield et al. (2020) further warn that the ambiguous "public interest" criterion enables regulators to act punitively without objective harm or due process.

AHPRA must return to its foundational purpose: to protect the public from genuine clinical harm—not to enforce political orthodoxy or silence professional judgment.

## 9. Recommendations for Reform

These recommendations are grounded in member experiences, survey results, legal analysis, and findings from multiple government inquiries, which all indicate reform is urgently needed

This urgent need for reform is echoed in legal scholarship. Harpur, Bedford and Bismark (2022) recommend the introduction of statutory time limits, proportionality checks, and the right to external review to mitigate harm caused by Immediate Action. Bradfield, Spittal and Bismark (2020) similarly emphasise the need for clearer thresholds and transparent application to prevent unjust outcomes.

To ensure a fair, accountable, and effective regulatory system that upholds both public safety and practitioner rights, the following reforms are recommended:

**1. Statutory Time Limits for Investigations**

- Introduce mandatory timeframes for Immediate Action investigations (e.g., maximum 3 months).
- Require automatic external review for any investigation exceeding these timeframes.

**2. Mandatory Procedural Fairness Protections**

- Practitioners must be given:
    - Written notice of allegations
    - Adequate time and opportunity to respond before Immediate Action is imposed
    - Access to legal representation and case documents
    - Reasoned written decisions with evidence cited

**3. Independent Oversight and Audit Body**

- Establish a National Regulatory Oversight Commission, independent from AHPRA and the Boards,with the power to reverse or overrule decisions if appropriate.
- This body would investigate misconduct, conduct regular audits, and manage appeals outside AHPRA's internal structures.

**4. Right to Appeal and Seek Compensation**

- Introduce an independent and expedient appeal mechanism for Immediate Action decisions.
- Enable practitioners to seek compensation for wrongful suspension, reputational harm, and financial loss where allegations are unsubstantiated.

**5. Eliminate Anonymous Complaints (Except in Abuse Cases)**

- Anonymous complaints should only be permitted where safety, abuse, or harassment risks exist.
- All other complaints must be submitted in good faith, with identification and a declaration of interest.

**6. Whistleblower and Ethical Dissent Protections**

- Enshrine legal protections for practitioners who:

    - Raise concerns about hospital, regulatory, or policy practices
    - Publish evidence-based critiques or research
    - Provide second opinions or clinical exemptions consistent with best practice

**7. Peer-Reviewed Clinical Input in All Cases**

- Require the inclusion of at least one same-discipline clinical peer in all Immediate Action decisions.
- Ensure that peer reviewers have no conflict of interest and relevant recent clinical experience.

**8. Mental Health and Legal Support Fund for Practitioners Under Notification**

- Establish a fund—financed through AHPRA levies—for:
    - Access to legal representation
    - Mental health and trauma counselling during regulatory action

**9. Public Transparency of Key Performance Indicators (KPIs)**

- AHPRA must publish quarterly reports on:
    - Number and nature of Immediate Action cases
    - Average investigation duration
    - Number of suspensions overturned or dismissed
    - Practitioner mental health outcomes (where voluntarily reported)

**10. Restore or Strengthen Co-Regulatory Jurisdiction Options**

- Encourage states to consider adopting co-regulatory frameworks (e.g. NSW and Queensland models).
- These models offer more localised, accountable, and transparent regulation.

**11. Income Protection During Suspension**

- Introduce an income protection mechanism for practitioners suspended under Immediate Action provisions, to provide financial support while investigations are ongoing. This would reduce unnecessary personal harm in cases where no wrongdoing has been established and incentivise AHPRA to complete investigations promptly.

**12. Minimum requirements for use of Immediate Action (s156) provisions of the National Law**

- At a minimum, the application of Section 156 of the National Law must ensure that no practitioner is suspended solely for expressing personal opinions—whether through speech, written work, or social media posts—including those related to medicine, science, and health.

## 10. Conclusion

These reforms reflect not only what is urgently needed, but what has been repeatedly recommended and ignored for over a decade. The current system does not protect the public when it harms practitioners unjustly. A regulatory body that upholds fairness, transparency, and compassion is both a legal and moral imperative.

AHPRA must cease the politicisation of medicine. The regulator is not a vehicle for enforcing ideological conformity, political compliance or suppressing clinical debate. Suspending practitioners for expressing lawful political opinions, sharing peer-reviewed research, or participating in public discourse amounts to punishing "thought crimes." This undermines the core values of intellectual freedom, political communication, scientific inquiry, and ethical practice that underpin Australian healthcare.

Regulation must focus on actual patient harm—not perceived offence or disagreement with politically inconvenient views. When regulatory action is driven by politics rather than ethical evidence based professionalism, the result is not public protection but public disillusionment.

These examples show how ideological overreach has displaced sound clinical governance. AHPRA must urgently return to its foundational purpose: protecting the public from genuine clinical harm—not enforcing political orthodoxy or silencing professional judgment.

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