EXPLANATORY MEMORANDUM

Health Practitioner Regulation National Law Amendment
(Fair Complaints, Clinical Independence and Integrity) Bill 2026

General outline

The Bill amends the Health Practitioner Regulation National Law to protect the public through faster, better targeted and more accountable regulation. It establishes front-end screening, a statutory threshold for voluntary notifications, enforceable case timeframes, procedural rights, practitioner wellbeing duties, clinical-independence protections and comprehensive safeguards against pharmaceutical and other commercial influence.

The Bill does not weaken immediate-action powers, mandatory notifications, medicines and poisons laws, therapeutic-goods controls, informed-consent obligations or the power to act against unsafe, dishonest or reckless practice. Its purpose is to direct regulatory resources to credible risk and prevent process, delay, undisclosed conflicts or commercial status from becoming substitutes for evidence.

Why National Law amendment is required

AHPRA and the National Boards operate under a nationally applied law. The legally effective pathway is therefore a model amendment of the Health Practitioner Regulation National Law, then applied or adopted across participating jurisdictions. The Health Ministers Meeting provides the national governance forum.

Key measures

- 14-day screening before a practitioner is ordinarily required to respond.
- A credible-issue and proportionality threshold for further action.
- Special controls for anonymous complaints and notifications connected with family-law or other collateral disputes.
- Mandatory early closure when a matter is frivolous, vexatious, misconceived, lacking in substance, below threshold or predominantly collateral.
- Six-month ordinary and twelve-month complex case periods, with independent 90-day extensions only.
- Access to relevant material, neutral notices, reasons and protection against compelled apologies or admissions.
- Mandatory practitioner wellbeing protocols and independent review of serious incidents.
- Express protection of lawful clinical judgement involving generic, off-patent and off-label medicines.
- Public conflict registers, recusals, independent experts, industry-contact logs, benefit bans, revolving-door restrictions and protected disclosures.
- An independent Reviewer with binding procedural and audit powers.
- Expanded annual reporting and a two-year statutory review.

Background and evidence

The supplied article reports practitioner concerns about trivial and anonymous complaints, weaponisation in Family Court matters, lengthy investigations and practitioner suicide and self-harm. The accompanying discussion gives examples of complaints following refusals to prescribe antibiotics or drugs of addiction, dissatisfaction with consultations, recognised complications, refund disputes and family-law conflict. These examples are allegations and experiences rather than adjudicated facts, but they expose predictable avenues for misuse that should be screened at intake.

AHPRA's 2024–25 annual reporting recorded 22,658 notifications nationally about 16,209 practitioners, 5,627 open notifications at 30 June, and 20 per cent of open notifications aged twelve months or more. AHPRA reported that approximately half of received notifications were categorised as lower risk and managed by an early determination process, 53 notifications were determined vexatious, and 1.4 per cent of closed notifications resulted in loss of registration or disqualification. The data support earlier and more transparent differentiation between public-safety cases and matters requiring no regulatory action.

AHPRA has accepted recommendations intended to minimise practitioner distress and reports ongoing implementation. The Bill converts core elements—clear communication, relevant health information, regular updates and prioritised management—into enforceable minimum standards rather than leaving them wholly dependent on policy and administrative culture.

Pharmaceutical influence and clinical independence

The policy concern is that pharmaceutical interests can shape regulation against inexpensive, off-patent or commercially unsupported options. The Bill does not state that capture has been proved. It creates evidence-producing safeguards capable of revealing or disproving influence: broad interest disclosure, mandatory recusal, transparent expert selection, industry-contact logs, gift restrictions, a revolving-door rule, protected disclosures and independent thematic audits.

Ivermectin illustrates why the legal test must be commercially neutral. Its off-patent status, price or controversy cannot establish either safety or danger. A lawful prescribing decision must be assessed on clinical evidence reasonably available at the time, patient circumstances, scope and competence, informed consent, dose, monitoring, contraindications and documentation. The TGA states generally that off-label use is a clinical decision made at the prescriber's discretion and ordinarily does not require TGA approval. The Bill preserves responsibility for that decision and all other applicable laws.

Financial impact

The Bill creates establishment and operating costs for the independent Reviewer, information systems, training, conflict registers, incident reviews and audits. These costs should be partly offset by earlier closure of weak matters, fewer unnecessary practitioner responses, reduced duplication, shorter investigations, lower external legal and consultancy expenditure, and reduced workforce loss. A costed implementation statement should be prepared using AHPRA case-volume, staffing, legal-spend and registration-fee data before introduction.

Human rights considerations

The Bill promotes privacy, reputation, equality before the law, fair hearing and freedom of expression while also promoting life, health and public safety. Limits on notifier anonymity, confidentiality and post-service employment are directed to integrity and fair process, are subject to necessity tests and retain

pathways for urgent and good-faith reporting. The false-notification offence requires knowledge, fabrication and intent to harm, requires prosecutorial consent and expressly excludes mere mistake, non-substantiation, withdrawal, illness, impairment or distress.

Notes on clauses

Clause 1 Short title

Provides the short title of the amending Act.

Clause 2 Commencement

Allows commencement by proclamation and provides a six-month backstop so implementation cannot be deferred indefinitely.

Clause 3 Law amended

Identifies the Health Practitioner Regulation National Law as the law amended.

Clause 4 Guiding principles

Adds proportionality, timeliness, procedural fairness, clinical independence and freedom from improper influence to the scheme's guiding principles. Public protection and public confidence remain paramount under existing section 3A(1).

Clause 5 Definitions

Defines collateral proceedings broadly enough to capture family-law, employment, commercial, insurance, refund and litigation settings. Defines commercial health interests and material interests to cover direct and indirect pharmaceutical, device, insurer, research, advisory and personal connections.

Clause 6 Initial screening and threshold

New sections 147A to 147D require screening within 14 days before a substantive practitioner response is ordinarily sought. A matter must raise a credible statutory issue and further action must be reasonably capable of protecting the public and proportionate to risk.

Anonymous reporting remains available, but a completely unidentified complaint needs objective support or a serious and immediate risk. Collateral litigation is a risk factor, not an automatic bar.

Clause 7 Preliminary assessment

Integrates the new screening criteria into the existing 60-day preliminary-assessment structure and prevents unnecessary practitioner responses before screening, subject to immediate-action needs.

Clause 8 No further action

Changes the current discretionary "may" to "must" where a ground for no further action is established. This is central to stopping process from becoming punishment in matters that do not warrant regulation.

Clause 9 Timeframes, extensions, updates and delay

Creates six-month and twelve-month completion periods, independent 90-day extensions, monthly updates and remedies for unreasonable administrative delay. A deadline breach does not automatically extinguish a public-safety matter.

Clause 10 Notice

Requires neutral, particularised notices that identify allegations, legal grounds, evidence, response requirements, possible outcomes, contact details and supports. It prevents a notice from presuming guilt or soliciting an apology or admission.

Clause 11 Procedural rights and wellbeing

Requires disclosure of adverse and materially exculpatory material, protects denial and advice-seeking from adverse inference, prevents compelled contrition, separates investigation and sole final decision-making in serious contested matters, and establishes a wellbeing protocol.

Clause 12 Clinical independence and regulatory integrity

New Part 10A prevents commercial characteristics from being used as proxies for unsafe practice. It requires transparent, date-specific evidence assessment and protects good-faith scientific disagreement.

The Part also creates a five-year public interest register, mandatory recusal, independent expert standards, an industry-contact log, restrictions on gifts and benefits, a two-year revolving-door rule and protected integrity disclosures. These safeguards apply beyond pharmaceutical companies to other commercial interests capable of influencing health regulation.

Clause 13 Independent Reviewer

Establishes an independent Reviewer appointed by the Ministerial Council after public merit selection. The Reviewer may investigate delay, fairness, conflicts, expert selection and industry influence; compel information; issue procedural directions; audit patterns; and refer suspected corruption or criminality.

The Reviewer cannot simply replace a Board's clinical merits decision. The Reviewer may set aside a procedurally unlawful process and require reconsideration by an unconflicted decision-maker.

Clause 14 Notifier protection

Clarifies that existing good-faith immunity does not protect knowingly false, fabricated or recklessly misleading information. Failure to substantiate a complaint does not by itself remove good-faith protection.

Clause 15 Knowingly false or fabricated notifications

Creates a tightly drawn offence requiring materially false or fabricated information, knowledge and intent to cause harm. Director of Public Prosecutions consent is required. The provision is designed to deter deliberate weaponisation without frightening honest patients or impaired people away from reporting.

Clause 16 Annual reporting

Requires detailed publication of timeliness, early dismissals, extensions, delay findings, wellbeing incidents, conflicts, recusals, industry communications, integrity breaches, consultant and external legal spending, and de-identified prescribing outcomes involving generic, off-patent and off-label medicines.

Clause 17 Existing matters

Applies fairness, timing, wellbeing and integrity rules to unfinished matters. Older cases require a recovery timetable or independent extension application within 30 days.

Clause 18 Statutory review

Requires an independent review after two years covering public protection, timeliness, experience, workforce effects, commercial influence, Reviewer effectiveness and unintended consequences.

Implementation notes

Consequential drafting will be required in co-regulatory jurisdictions so that equivalent screening, fairness, integrity and review standards apply across the national scheme. Jurisdiction-specific application Acts and health-complaints legislation should be amended in the same implementation package.

The Bill deliberately establishes minimum legal standards while leaving operational detail to rules approved by the Ministerial Council. Those rules should prescribe forms, secure interest registers, expert-selection procedures, wellbeing protocols, data definitions, reimbursement criteria and publication safeguards.

Sources and references

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