



# How Ahpra will implement changes to the Health Practitioner Regulation National Law

An information guide

**April 2025**

Australian Health Practitioner Regulation Agency  
National Boards

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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

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## Glossary

Ahpra	Australian Health Practitioner Regulation Agency
Assent	This is the legal term that is used when a legislative Bill has been debated and passed in parliament and signed by the Governor, the Bill becomes an Act of Parliament, and the Act becomes law. More information about how laws are made is available from the <a href="#">Queensland Government webpage</a> . A <a href="#">factsheet</a> about making of a law in Queensland Parliament is available from that webpage.
Co-regulatory jurisdiction	Under the National Law, New South Wales and Queensland are co-regulatory jurisdictions when it comes to managing notifications (complaints) about the health, conduct or performance of a registered health practitioner or student. In New South Wales, this means that Ahpra and the National Boards do not manage notifications. In Queensland, Ahpra and the National Boards only deal with notifications if the Queensland Health Ombudsman refers them to us.
Jurisdictions	State, territory and Commonwealth health departments.
Ministerial Council	Health Ministers from each state and territory and the Commonwealth.
National Boards	15 National Boards established for the 16 registered health professions.
National Law	Health Practitioner Regulation National Law, as in force in each state and territory.
Notifier	A person who makes a notification. In the co-regulatory jurisdictions of New South Wales and Queensland the term used is complainant.
Notification	Is the term used for a concern that is raised about the health, conduct or performance of a registered health practitioner or student under the National Law. There are two types of notification. A voluntary notification can be made by anyone if the grounds in section 144 of the National Law are met. A mandatory notification is a concern that must be raised by a registered health practitioner, employer, or education provider if they reasonably believe a registered health practitioner has engaged in notifiable conduct (for example engaged in sexual misconduct) under sections 141 to 143.
Passage	This is the legal term for when a Bill has been considered in detail by Parliament (debated) and the title is read for the third and final time – and the Bill is approved to become law.
Proclamation	This is the legal term for an instrument (called a proclamation) that is made by the Governor-in-Council. In Acts, provisions for the making of proclamations are usually limited to setting the date for the start of provisions of an Act that did not start on assent.
Tribunal	A state or territory civil and administrative tribunal that hears the most serious matters (and appeals) involving registered health practitioners under the National Law. For example, in Victoria it is the Victorian Civil and Administrative Tribunal (VCAT), while in Queensland it is the Queensland Civil and Administrative Tribunal (QCAT).

## Background to the changes to the Health Practitioner Regulation National Law (the National Law)

The *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2024* (the Bill) became a law on 9 April 2025, after being debated and passed by the Queensland Parliament. It is now known as the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2025* ([the Act](#)).

The Act makes changes to the National Law that were agreed to by Australian Health Ministers in July 2024, aimed at strengthening public protection and increase public confidence in health services provided by practitioners registered under the National Scheme. Corresponding changes are also made to the National Law as applied in Queensland and to the Health Ombudsman Act 2013 (Qld).

As Queensland is the host jurisdiction for the National Law, the amendments must be introduced into the Queensland Parliament for review, debate and passage.<sup>1</sup> The amendments were reviewed by the Queensland Parliament's Health Environment and Innovation Committee, and the Committee's report is available on [its website](#).

## Purpose of this guide

The Australian Health Practitioner Regulation Agency (Ahpra) is tasked with implementing changes to the National Law.<sup>2</sup>

This guide explains the changes, what we are doing to implement them, and what the changes will mean in practice once they start. It is intended for people and organisations that are familiar with the National Law, its requirements and operation. This is **not** a legal clause-by-clause explanation of the changes. That information is provided in the [Explanatory Notes \(erratum\)](#) prepared for the Bill.<sup>3</sup>

We have also published a 'short guide' for the public to provide a summary of the changes which is available at [National Law changes](#).

The changes are focused in three areas:

1. Strengthened notifier protections.
2. Establishing a nationally consistent process for reinstatement orders to be issued by tribunals before a practitioner whose registration has been cancelled or has been disqualified can reapply to the National Board to be re-registered
3. Permanent publication of additional information on the national registers when a tribunal makes a finding of professional misconduct against a practitioner that involves sexual misconduct.

The changes will commence on a date/s to be determined by governments. Ahpra and the National Boards will implement the changes over the next 12 months. This will allow time to adapt our operations where necessary and provide information about the changes to practitioners and the public.

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<sup>1</sup> Designating Queensland as host jurisdiction for the National Law is set out in the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* (April 2008); accessible from the [Ahpra website](#)

<sup>2</sup> The changes are made via the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2025*.

<sup>3</sup> The erratum Explanatory Notes address the Health, Environment and Innovation Committee recommendations that the explanatory notes and/or Clause 21 of the Bill be amended to clarify any requisite legislative threshold for sexual misconduct'; the recommendation to amend Clause 21 of the Bill to provide that a decision to publish a health practitioner's regulatory history, based on an inference by National Boards that a tribunal's finding of professional misconduct was based on sexual misconduct, is appealable under Part 8 Division 13 of the National Law; and concern that the Explanatory Notes uses the terms 'sexual misconduct' and 'serious sexual misconduct' without explaining the difference between those terms.

The changes will apply automatically in each state and territory – except in New South Wales, South Australia and Western Australia where governments take extra steps to confirm the changes apply in these states.

Because the changes have not yet started, they do not yet appear in the National Law. If you want to read through the legislative amendments, please refer to [the Act](#).

Our decision-making must comply with the National Law and is also guided by our [Regulatory principles](#), which have been designed to encourage a culturally safe and responsive, risk-based approach to regulation across all professions in the National Scheme.

## Changes to the National Law (Part 3 of Act)

### 1. Strengthened notifier protections

#### 1.1 Protection from reprisals/detriment

##### **Change starts on proclamation**

##### **What is the change?**

A new provision is inserted into the National Law (section 237A) to strengthen protections for notifiers. It will be an offence to threaten; intimidate; dismiss; refuse to employ or subject a person to other detriment or reprisal because they intend to or have made a notification or provide assistance to persons performing functions under the National Law (including for example Ahpra staff investigating a concern).

The maximum penalty for an individual will be \$60,000 and for a body corporate \$120,000. These penalties recognise that this behaviour is serious. Making this an offence with a high penalty also serves as a deterrent.

There are currently protections from liability for notifiers under the National Law who make a notification or otherwise provide information in good faith. This means that a person is not liable, civilly, criminally or under an administrative process for giving information to Ahpra and the National Boards (section 237).

However, a person is not expressly protected from reprisals or other detriment. Some jurisdictions have these protections in their health complaints legislation, but in circumstances where the National Law imposes a legal obligation for some notifiers to make a notification or provide information to the regulators, the current protections are inadequate or inconsistently applied.

The change will ensure that notifiers are sufficiently protected from any reprisals or detriment. This is particularly important in situations when there is a legal obligation for registered health practitioners to make a mandatory notification.

##### **How will the change be implemented?**

Ahpra will update our procedures and policies that apply to our management of notifications about health practitioners and for prosecuting offences under the National Law.

##### **What will the change mean in practice?**

Ahpra will now have the power to prosecute a person for retaliatory behaviour against a notifier. While this behaviour is uncommon, the change sends a clear message that notifiers who act in good faith will be protected.

Notifying us of a concern and participating in investigations and other actions help protect the public from health practitioners who pose a risk of harm. They can also allow for early regulatory intervention before the risk of harm escalates.

This change will also address gaps in protections identified in several reviews, including the *Royal Commission into Institutional Responses to Child Sexual Abuse* and the *National Health Practitioner*

## 1.2 Non-disclosure agreements (NDAs)

### Change starts on proclamation

#### What is the change?

A new provision is inserted into the National Law (section 237B) to render non-disclosure agreements (NDAs) void to the extent they seek to prevent or limit a notifier from making a notification or from providing assistance to persons performing functions under the National Law (including for example Ahpra staff investigating a concern).

It will also be an offence to enter into an NDA unless the agreement clearly sets out, in writing, that it does not limit a person from making a notification or providing assistance to regulators and others performing functions under the National Law. The maximum penalty for an individual will be \$5,000 and for a body corporate \$10,000. The penalty is intended to act as a deterrent for this behaviour.

An NDA means a contract or other agreement that prohibits or restricts disclosure of information or documents in relation to the health, conduct or performance of a registered health practitioner or former registered health practitioner.

The *Independent review of the regulation of medical practitioners who perform cosmetic surgery* (2021) identified there was a risk that health care consumers are not fully aware of their right to make a notification or assist a health regulator with an investigation in circumstances where they have signed an NDA.

#### How will the change be implemented?

Ahpra will update our procedures and policies that apply to our management of notifications about health practitioners and for prosecuting offences under the National Law.

As an interim measure, the Medical Board of Australia updated the [FAQs](#) section of their cosmetic surgery review webpage to address questions about whether a notification can be made if an NDA has been signed. The statement advises that the Board does not believe NDAs can prevent patient's from making a notification but also encourages people to seek legal advice before making a notification if they have signed an NDA. We will be able to update this FAQ in light of this change to the National Law and the removal of any doubt about this.

Ahpra will develop information to help people better understand their rights and responsibilities in making notifications particularly in light of these strengthened notifier protections. We trust this guidance will also be helpful for registered health practitioners and clarify that use of these types of provisions in NDAs is not lawful.

#### What will the change mean in practice?

This change makes it clear that an NDA cannot prevent a person from making a notification or providing information to a health regulator, in good faith.

It is important to note that the offence is prospective – meaning that a breach can only be prosecuted if the behaviour happened after this change starts. Ahpra will be able to prosecute a person/s should this happen.

However, an NDA may be void if it includes this type of provision regardless of when the agreement was entered into. Ultimately it is in everyone's interests to support a reporting culture that protects the public from harm and ensures public confidence in the provision of health services by health practitioners and students. Any doubt that NDAs could prevent concerns being raised with regulators must be removed.

## 2. Nationally consistent process for reinstatement orders

### Change starts on proclamation

#### What is the change?

Under the National Law, tribunals hear cases involving professional misconduct by health practitioners. Only a tribunal has the power to cancel a practitioner's registration and impose a period of disqualification, which prohibits the practitioner from applying for registration as a registered health practitioner. This cancellation or disqualification order prevents the practitioner from holding registration anywhere in Australia.

This change introduces new provisions to enable a nationally consistent approach to reapplying for registration after a practitioner has had their registration cancelled and/or is disqualified from applying for a registration by a tribunal. The change will require a practitioner to seek a reinstatement order from a tribunal before they seek re-registration with the National Board. An application for a reinstatement order must be made to the same tribunal that made the original cancellation or disqualification order.

Currently only New South Wales requires practitioners to seek a reinstatement order from a tribunal, being the New South Wales Civil and Administrative Tribunal (NCAT), before applying to the relevant National Board for re-registration. The NCAT must determine the appropriateness, at the time of the hearing, of the existing cancellation or disqualification order. The NCAT does not review the original decision, or any findings made in connection with that decision. If a reinstatement order is granted, the person can then apply to the National Board for re-registration under part 7 of the National Law. The National Board then assesses the application in the usual way.

The decision to grant or deny re-registration remains with National Boards. As happens now, if a National Board decides to not re-register the practitioner, or grant registration with conditions, the person may appeal the decision.

#### How will the change be implemented?

This change is a key measure raised in our [Action plan to better protect patients from sexual misconduct in healthcare](#). We anticipate that this change will start in approximately 12 months' time (April 2026).

Tribunals need time to establish procedures to support them hearing these matters and to issue reinstatement orders.

Ahpra has procedures and policies that apply nationally to applications for registration. These will need to be updated to reflect and align with the processes implemented by tribunals to support nationally consistent decision-making. We will engage with tribunals as they carry out their implementation activities to ensure our processes align.

Ahpra also has procedures and policies that apply nationally to our management of notifications about health practitioners. Ahpra will review our published [Regulatory guide](#) and update as needed, to ensure it fully reflects this process.

#### What will the change mean in practice?

It is important to note that this change does not impose the NCAT reinstatement order procedures on the other tribunals. State and territory tribunals are constituted under local legislation and the rules governing proceedings are specific to each tribunal. This change supports national consistency once implemented while ensuring changes are workable for tribunals in each state and territory.

Requiring a cancelled or disqualified practitioner to obtain a reinstatement order prior to applying for re-registration will better protect the public by putting the onus on practitioners to satisfy an independent tribunal that a reinstatement order should be made. This change makes it clear in the National Law that public confidence and protection of the public comes first across Australia.

We expect a nationally consistent reinstatement order process will also provide greater transparency in decision making and better meet community expectations around practitioners who have had their registration cancelled or have been disqualified, as the tribunal process is public. A nationally consistent process should also provide clarity and consistency for practitioners seeking to have their registration reinstated.

### 3. Permanent publication of information on the national register (professional misconduct involving sexual misconduct)

#### Change starts on proclamation

##### What is the change?

A new provision is inserted into the National Law to expand the information available on the public register for practitioners who have engaged in professional misconduct involving sexual misconduct. This information will be published permanently.

This is a retrospective change that applies from the start of regulation of a profession in the National Scheme:

- 1 July 2010 – chiropractic, dental (including the profession of a dentist, dental therapist, dental hygienist, dental prosthetist, and oral health therapist), medical, midwifery, nursing, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry, and psychology
- 1 July 2012 – Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, and occupational therapy
- 1 December 2018 – paramedicine.

Currently, under the National Law, National Boards are required to publish active disciplinary sanctions on the national public register. The National Law requires information to be removed from the public register once actions have ceased.

As a result, there have been instances where practitioners who have been found to have engaged in professional misconduct involving sexual misconduct have had information about the conditions and restrictions on their registration removed. This means a person may be unaware of a practitioner's regulatory history in these cases even if they check the public register and may be unable to make fully informed decisions about their choice of health practitioner.

We acknowledge that a balance needs to be struck between protecting the public and meeting community expectations about transparency of information made available on the public register; and fairness for practitioners involved in notification and tribunal processes.

However, the primary role of the National Boards and Ahpra is public protection and this change will improve transparency, protect public safety, and better meet community expectations. We will continue to adopt a risk-based approach to our regulation, taking action that is in proportion to the risk of harm to the public.

##### Threshold and decision-making

National Boards may take immediate action to suspend a practitioner's registration to protect the public while investigating allegations of sexual misconduct. Where there is a case to answer, these serious matters are referred to tribunals in each state and territory for hearing. Only a tribunal can cancel a practitioner's registration and disqualify a person from applying for registration for a time.

The threshold for the recording (publication) of additional information in the public register is a tribunal finding that a practitioner has engaged in professional misconduct and that sexual misconduct was involved.



**Professional misconduct** is the most serious finding that a tribunal can make and it is defined in the National Law as meaning:

- (a) unprofessional conduct by the practitioner that amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience
- (b) more than one instance of unprofessional conduct that, when considered together, amounts to conduct that is substantially below the standard reasonably expected of a registered health practitioner of an equivalent level of training or experience
- (c) conduct of the practitioner, whether occurring in connection with the practice of the health practitioner's profession or not, that is inconsistent with the practitioner being a fit and proper person to hold registration in the profession.

**Sexual misconduct** is not a defined term under the National Law. It has its normal meaning. Sexual misconduct need not be the sole or main basis for the tribunal's finding of professional misconduct.

National Boards' *Codes of Conduct* are the primary instrument for setting expectations and providing guidance to practitioners in relation to their professional conduct – including about maintaining professional boundaries. In addition, the Medical Board of Australia has guidelines about *Sexual boundaries in the doctor-patient relationship*. Codes and guidelines are admissible in disciplinary proceedings as evidence about what constitutes appropriate professional conduct.

The [Explanatory Notes](#) confirm the intention that 'sexual misconduct' be read in a broad sense to include the wide range of conduct that falls within the ordinary meaning of the term. But the primary threshold is a finding of professional misconduct. Consequently, only sexual misconduct which involved a finding of professional misconduct will result in the permanent publication of regulatory information.

The Explanatory Notes outline examples of sexual misconduct, in the broadest sense:

- ❖ Any violation by a practitioner of a professional boundary between the practitioner and a person under the practitioner's care that could be considered sexual that is not clinically indicated:
  - touching, including hugging, kissing, stroking, caressing, or massaging;
  - intimate physical examination;
  - asking or directing a person to fully or partially undress;
  - seeking or obtaining a sexual history;
  - making sexual comments, suggestions, or gestures;
  - disclosing the sexual history of the practitioner or another person, real or fictional;
  - distributing, sending, displaying, making, or requesting any sexually explicit images, messages or audio/video recordings:
    - conveying a desire or willingness to enter a sexual relationship;
    - flirting, whether or not the flirting is overtly or expressly sexual;
    - engaging in sexual humour or innuendo;
    - engaging in any form of sexual activity;
    - engaging in sexual behaviours in the presence of the person, either directly or remotely by means of communications technology;
    - sexual exploitation, abuse or harassment;
    - conduct that facilitates a sexual act or formation of a sexual relationship ('grooming'), including by contacting the person electronically or via social media.
- ❖ Sexual misconduct may occur in relation to a person under the practitioner's care even if the person consents to, initiates, or willingly participates in the conduct.
- ❖ Sexual misconduct by a practitioner, in the practise of the practitioner's profession, may also include conduct in relation to a person other than a person under the practitioner's care. This may include, but is not limited to, for example –
  - any violation by a practitioner of a professional sexual boundary between the practitioner and a carer of, or other person close to ,the person under the practitioner's care;
  - workplace sexual abuse, harassment, or impropriety.
- ❖ Sexual misconduct may also include, but is not limited to, criminal offences, whether committed in connection with the practice of the practitioner's profession or not. For purposes of the National Law, a tribunal may decide a practitioner's behaviour constitutes professional misconduct whether or not the practitioner has been charged with, pleaded guilty to, was found guilty of, or was convicted of a criminal offence.

In practice to date, tribunal decisions do not usually expressly base a finding of professional misconduct on any particular type of conduct, including sexual misconduct. That is why National Boards have been given a narrow discretion to infer – on the basis of the tribunal's decision and reasons for decision – that the tribunal's finding of professional misconduct was based on sexual misconduct. The inference must be 'necessary', in that it is required to make sense of the tribunal's decision in the context of the tribunal's findings of fact. We anticipate that future tribunal decisions and findings of professional misconduct may expressly indicate whether sexual misconduct was involved once this change starts.

Examples likely to meet the threshold for publication of the additional information include tribunal findings of professional misconduct that resulted in:

- a doctor's registration being cancelled and a disqualification from reapplying for registration for 15 years after being convicted of raping two patients and inappropriately touching another;
- a nurse's registration being cancelled and a disqualification from reapplying for registration for a stated period of time after intentionally touching and, in one case groping, the breasts of two unconscious female patients;
- a physiotherapist's registration being cancelled for six years and a prohibition order being made after they were found to have asked a female patient to unnecessarily remove her underwear during treatment and touching her in a sexual manner;
- an occupational therapist's registration being cancelled and a disqualification from reapplying for registration for three years after being convicted of indecently dealing with a child over the age of 13 years and under the age of 16 years;
- a nurse being disqualified from re-applying for registration for five years after continually sexually harassing a work colleague over several months.

#### What information is to be published on the register?

A statement that:

- the practitioner engaged in professional misconduct on the basis of sexual misconduct;
- any sanctions imposed; and
- the tribunal decision (if published).

If the tribunal cancels the person's registration on the grounds of the professional misconduct, or the practitioner is no longer registered, the additional information also includes:

- if the tribunal decided to disqualify the person from applying for registration, the fact that the tribunal decided to disqualify them;
- the period, if any, set by the tribunal for which the person may not apply for a reinstatement order; and
- if the tribunal decided to prohibit or restrict the person from providing a health service or using a title, the fact that the tribunal decided to prohibit or restrict the person and the period of the prohibition or restriction.

#### Procedural safeguards

The tribunal process to hear serious matters involving allegations of professional misconduct is rigorous and ensures that the allegations and evidence are tested in an independent forum before a finding is made.

Additional information must not be published on the register contrary to a court or tribunal non-publication order.

The information must be removed if the tribunal's professional misconduct decision is overturned or stayed on appeal.

The National Boards retain their discretion not to publish regulatory history information for health and safety reasons. Practitioners are entitled to confidentiality regarding their personal health.

National Boards have a very limited discretion to determine whether a tribunal finding of professional misconduct was based on sexual misconduct. Guidance will be developed by Ahpra to support this determination by Boards. The Boards will not be re-litigating, reviewing or overturning the tribunal's findings in making the determination.

While a Board's determination within this narrow scope will not be subject to merits review by a state or territory tribunals, a practitioner may be able to challenge the Board's decision through judicial review. The decision not to have merits-based review is consistent with the approach taken for similar administrative decisions by National Boards under the National Law.

For example, section 227(a)(iii) of the National Law requires the Boards to record, for each practitioner whose registration was cancelled following a public hearing by an adjudication body, details of the conduct that formed the basis of the adjudication. This requires a Board to summarise the practitioner's conduct fairly and accurately for publication, a task involving greater exercise of discretion than a decision to publish the additional information.

### Supports

People who come forward to us with their concerns about sexual misconduct are offered support. Ahpra expanded its social work led Notifier Support Service (NSS) which provides support to victims and survivors navigate the regulatory and Tribunal process. The NSS pilot program has proven to meet a significant need, receiving 278 referrals since its commencement in September 2021. The social workers' backgrounds variously include experience with DPP victim and witness support, criminal justice, sexual assault, domestic violence and Office of the Public Advocate.

Ahpra has a dedicated webpage with information for practitioners who are subject to a notification which can be accessed [here](#). Independent and accessible support is available to health practitioners who are subject to a notification to Ahpra and the National Boards. We recognise that for registered health practitioners, having a concern raised about them is very stressful. We encourage all practitioners that are subject to a notification process to use the [independent practitioner support services](#) and [other support services](#) for all health professionals. Practitioners who are the subject of a notification are also advised of the available support services during their initial phone contact and correspondence from Ahpra. Practitioners are encouraged to contact their indemnity insurer as soon as practicable via our verbal contact with them.

### **How will the change be implemented?**

This change is a key measure raised in our [Action plan to better protect patients from sexual misconduct in healthcare](#). We anticipate that this change will start in approximately 12 months' time (April 2026).

Ahpra will need to roll-out operating system changes to enable additional information to be published on the national register.

Although there are procedural safeguards in the Act, we hear that some stakeholders remain concerned about the potential reputational damage to practitioners from permanent publication of this additional information. We have also heard concerns about how National Boards will determine that a tribunal finding of professional misconduct involved sexual misconduct and therefore meets the threshold for publication.

Ahpra will develop guidance to be agreed with National Boards to support our legal team to review around 1,200 tribunal decisions since July 2010 with professional misconduct findings to determine if they are in scope and meet the obligation for publishing the additional information. We will consult on this guidance.

Ahpra has procedures and policies that apply nationally to our management of notifications about health practitioners. Ahpra will review and update our published [Regulatory guide](#) to ensure it fully reflects this new obligation on the National Boards.

### **What will the change mean in practice?**

When this change starts, there will be increased transparency on the public register to help people make informed decisions about seeking care from a practitioner.

Everyone should be able to feel confident that their registered health practitioner will provide safe healthcare. Ahpra and the National Boards condemn sexual misconduct in all of its forms by registered health practitioners. Any sexual exploitation is a gross abuse of trust and can lead to long lasting and profound damage. We have made our position clear, including via our joint position statement [No place for sexism, sexual harassment or violence in healthcare](#) which reinforces the professional, respectful behaviour expected of registered health practitioners.

## More information

Ahpra will publish updates including when the changes are to start, and any consultation that we do on implementation activities, on our webpage – [National Law changes](#).

If you have a question about Ahpra's implementation of the changes, please email us: [nationallawamendments@ahpra.gov.au](mailto:nationallawamendments@ahpra.gov.au)

If you have concerns about a registered health practitioner, we recommend you visit our [Notifications](#) webpage, refer to our [guides and fact sheets](#), or contact us on 1300 419 495 (within Australia).