

Consultation report

Targeted consultation on *Draft guidance – sexual misconduct and the National Law*

December 2025

References to sexual misconduct can be distressing.

If you need help, support is available. You can access 24-hour phone and online support services from the national sexual assault, family, and domestic violence helpline: [1800 Respect](tel:1800Respect). [13YARN](https://www.13yarn.org.au) can provide crisis support for Aboriginal and Torres Strait Islander Peoples.

Registered health practitioners who have had a concern raised about them are encouraged to contact their insurer, professional association or legal adviser for guidance and support. We publish information on general and profession specific support services [here](#).

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

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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1. Overview

Why did we consult?

- 1.1 Registered health practitioners who have engaged in professional misconduct involving sexual misconduct will have additional information about that conduct permanently recorded on the national register (the additional information). The change is retrospective, meaning it applies from when a health profession was first regulated under the National Registration and Accreditation Scheme.
- 1.2 This change to the National Law¹ will start on a date to be decided by Governments. We understand this will be in April 2026. We must be ready for when this happens.
- 1.3 The role for Ahpra and the National Boards is to implement the change to the National Law. Part of our work is to ensure that we have the processes, procedures, delegations, and systems in place to support our efficient, effective, fair and transparent use of any new powers in accordance with the National Law.
- 1.4 National Boards have a very limited discretion to determine whether sexual misconduct was a basis for a tribunal finding of professional misconduct. The Boards will not be reviewing or seeking to overturn the tribunal's findings in deciding to publish the additional information.
- 1.5 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.
- 1.6 Additional information must not be published on the register contrary to a court or tribunal non-publication order. For example, if names are suppressed or pseudonyms are used in the tribunal decision. In most tribunal decisions, patient, client or witness names are de-identified.
- 1.7 While a Board's determination within this narrow scope will not be subject to merits review by a state or territory tribunal, a practitioner may be able to challenge the Board's decision through judicial review. While the National Law does not require us to run a 'show cause' process, we have decided to do this for procedural fairness. The information must be removed if the tribunal's professional misconduct decision is overturned or stayed on appeal. The National Boards keep their discretion to not publish regulatory history information for health and safety reasons. Practitioners are entitled to confidentiality regarding their personal health.
- 1.8 Draft guidance was developed for use by National Boards and we wanted to test it for clarity and workability with stakeholders. There is no definition of sexual misconduct in the National Law. Therefore, the National Boards will need to apply a consistent set of principles and examples to guide their regulatory determinations. The draft guidance explained how the National Boards will determine whether behaviour constitutes sexual misconduct by registered health practitioners. It defines the scope, impact, and serious consequences of such misconduct and reinforces the commitment of the National Boards to protecting public health and safety.

How did we consult?

- 1.9 We decided to do targeted (public) consultation and invited feedback to help us improve the draft guidance and clarity of processes to support this. The consultation paper and a response form were available on [Ahpra's dedicated webpage](#) for our implementation of the National Law amendments. Consultation ran from 1 September to 6 October 2025, and extensions were granted on request to 10 October 2025. This made the consultation period six weeks.
- 1.10 The targeted consultation paper was emailed directly to more than 200 key stakeholders, including peak consumer groups, health practitioner professional peaks, tribunals, government and statutory authorities, indemnity insurers, and peak Aboriginal and Torres Strait Islander health groups.

¹ Health Practitioner Regulation National Law as in force in each state and territory

- 1.11 We reached out to consumer and community organisations and sexual assault support services to help promote focus groups that were run during the consultation period. Ahpra engaged an external facilitator that was trauma-informed and had experience running focus groups with victim-survivors of sexual abuse. Material was tailored to these focus groups and meetings drawing on our published consultation paper and draft guidance.
- 1.12 Feedback was sought:
- by asking open-ended questions about the content, language and structure of the draft guidance;
 - on the proposed process that National Boards and Ahpra would follow to publish the additional information on the public register;
 - on the approach to having categories of sexual misconduct and examples rather than attempting to have a static definition;
 - by asking what additional resources may be helpful for people, practitioners and others to have access to; and
 - asking whether there were any other concerns or risks or feedback that people wanted to raise.
- 1.13 We advised stakeholders that all responses and feedback would be treated as confidential and would not be published. Focus group feedback was considered and de-identified. If Ahpra receives a request for access to a submission, it will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

2. Consultation response

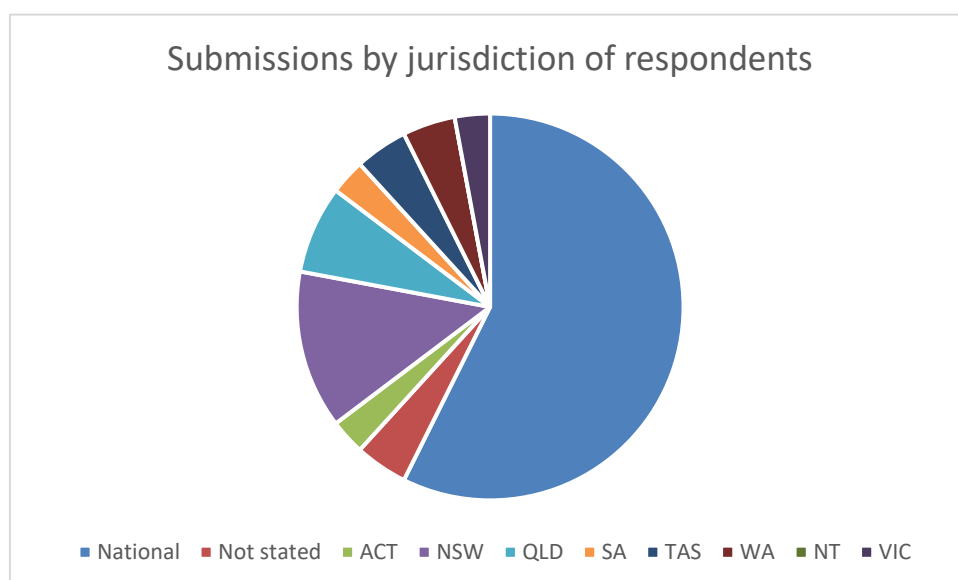
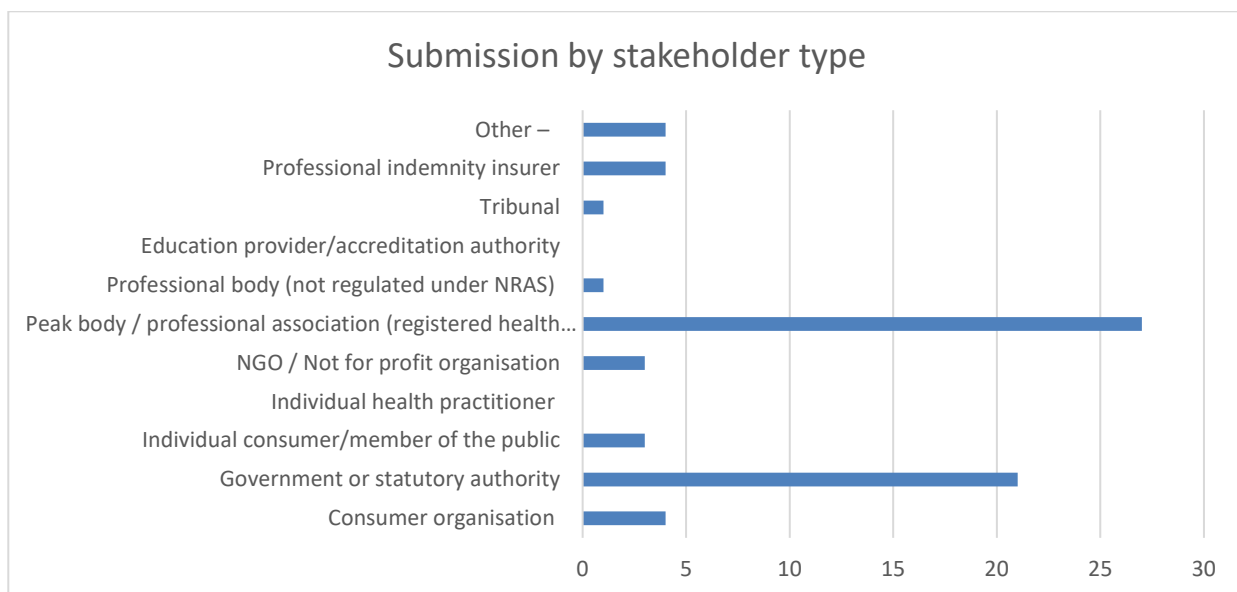
What is the purpose of this consultation report?

- 2.1 This report describes the consultation process, provides a high-level summary of responses received from stakeholders and how feedback was considered in the finalisation of the Guidance. We respect the confidentiality of submissions, while wanting to be transparent about the feedback we received and the changes that were agreed as a result.
- 2.2 We thank everyone who took the time to respond and to share their thoughts on how we can improve the draft guidance and strengthen and clarify about our processes, and other ways that we can make sure that practitioners and the public are aware that additional information is going to be published on the public register.

Submissions summary

- 2.3 **68 written submissions** were received from

Consumer organisation	4
Government or statutory authority	21
Individual consumer/member of the public	3
Individual health practitioner	0
NGO / Not for profit organisation	3
Peak body / professional association (registered health professions)	27
Professional body (not regulated under NRAS)	1
Education provider/accreditation authority	0
Tribunal	1
Professional indemnity insurer	4
Other	4
TOTAL	68



2.4 Feedback provided from focus group meetings and interviews were also considered.

2.5 In terms of focus groups and meetings:

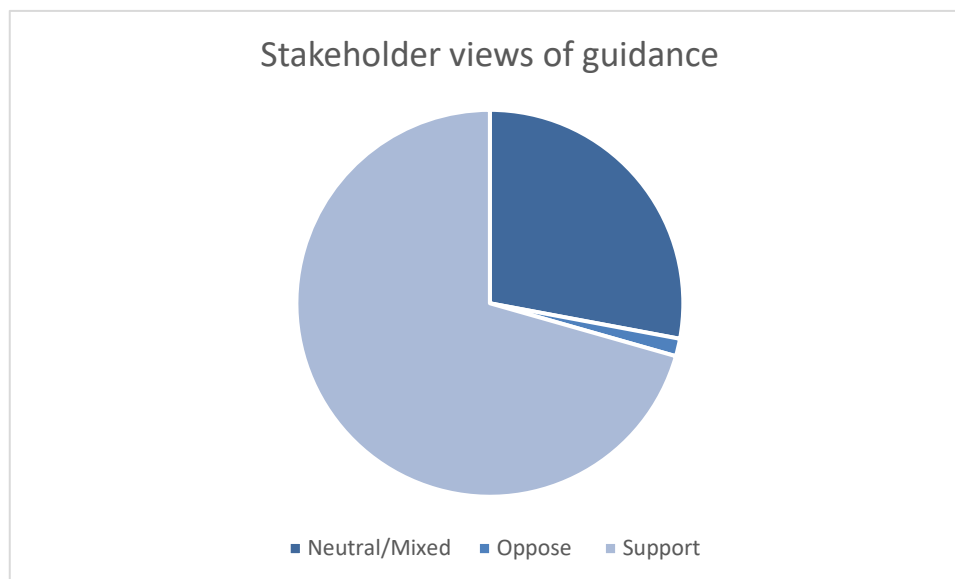
- Focus group 1 was with people who had lived experience of sexual misconduct by health practitioners, or have supported people with this experience, or both. We thank the sexual assault support services for sharing our expression of interest (EOI) with their networks. We were humbled by the response, receiving 27 expressions of interest for the small group of up to 8 participants. On the day, 7 people with lived experience participated from across Australia.
- Separate to focus group 1, we had a confidential interview with a person with lived experience of sexual misconduct.
- Focus group 2 was with consumers and community members. We thank the consumer organisations for responding to our expression of interest and sharing information with their networks. Ahpra engaged a consumer organisation to run the EOI process through its network of members and we thank them for their assistance. The organisation received 31 EOIs for the small group of up to 12 participants. On the day, 11 people participated from across Australia.
- We invited people who had expressed interest but were not part of the focus group to consider providing feedback. Many of the organisations that we contacted also shared the consultation paper through their networks and we appreciated these efforts.

- We met with a specialised support team who provided feedback drawing on their experience of supporting people who have made notifications about sexual misconduct involving registered health practitioners that have progressed to tribunal hearings.

2.6 The feedback showed a strong interest in both the guidance that National Boards will use to determine whether sexual misconduct was a basis for a tribunal finding of professional misconduct and processes to ensure procedural fairness including to include supports that are available and how they may be accessed. Submissions and focus group feedback also emphasised the importance of having other information and resources and multiple media in addition to FAQs.

Stakeholder views

2.7 Below illustrates the stakeholder views of the draft guidance at consultation.



2.8 Of the written submissions, the clear majority (48 of 68) felt that the guidance was either clear or mostly clear and supported the approach that was taken to identify sexual misconduct using categories and examples. When detailed feedback was provided, it focussed on ways to improve our language, ways to better format the information to make it easier to read, to use diagrams to better illustrate our proposed processes, and suggested ways that we could communicate information about the guidance and what the change will mean.

2.9 19 of 68 either had a neutral or mixed view of the draft guidance and/or the change to the National Law. Mixed views tended to provide in-principle support for having guidance for use by National Boards to support consistency and expressed general support for the approach taken to identifying sexual misconduct. Constructive feedback was provided to ensure that there was clear and more transparent information about processes; including for National Boards decision-making, procedural fairness for affected practitioners; and clear examples of sexual misconduct. We were asked to provide more information and confirm that National Boards would be looking at the decision that was made by the independent tribunal and would not change or challenge the decision or seek other information outside of that rigorous process. Communications need to consider practitioner and consumer/community distress as the additional information is published.

2.10 One submission did not agree that the guidance was clear and continued to express concerns about the retrospective nature of the change and the ability for National Boards to decide based on the tribunal decision, whether sexual misconduct was a basis for the tribunal finding of professional misconduct. Some issues raised in the submission aligned with other feedback about the need for greater clarity on process and procedural fairness and known concerns about the retrospective application of this change to the National Law and how National Boards would approach that.

2.11 Having a lens of lived experience and community and consumer perspectives (at focus groups and in written responses) was particularly beneficial. Feedback largely affirmed that the approach to identify categories of sexual misconduct, use of examples, and identify other relevant factors like context and behaviours, was appropriate. This will support informed decisions about sexual

misconduct being the basis for a tribunal professional misconduct decision – retrospectively and into the future.

- 2.12 Potential for distress for affected practitioners, communities and individuals who have experienced sexual misconduct by health practitioners was raised in the focus groups and written submissions as an area for Ahpra and the National Boards to consider and take steps to minimise as best as possible.
- 2.13 Feedback from both written submissions and from focus groups and meetings emphasised the need for a plain English or easier to read version of the guidance for both the public and practitioners.
- 2.14 Other recommendations for resources were to develop FAQs, an Easy English version of the guidance and to consider other ways to communicate the change, including using National Board newsletters and peak body communications to reach practitioners; consumer organisations and sexual assault support services to reach communities and people with lived experience, visual and social media, and translations of key documents.

3. Key themes and our response

- 3.1 Overall, the draft guidance was well received by stakeholders, but we have made substantial changes to improve clarity and workability as a result of the diverse and detailed feedback we received through consultation.
- 3.2 Below is a high-level summary of the changes that have been made to the guidance and our procedures in response to the feedback provided.
- 3.3 In scope:

Key theme	Our response
Clarity of the guidance could be strengthened, including revising some language	<p>While many considered the guidance to be clear, logical and easy to read, others considered it was too formal (legalistic), dense and difficult to understand at times.</p> <p>The guidance has been heavily revised in response to this feedback.</p> <p>Key points have been included at the start of sections. Language has been changed where we can.</p> <p>There is a new section at the start of the document about who this guidance applies to, how it applies in co-regulatory jurisdictions of New South Wales and Queensland, and the relevant sections of the National Law are included.</p> <p>The purpose statement clarifies that the guidance is not intended to be a guide for <i>when</i> sexual misconduct reports can be made or <i>how</i> Boards respond to reports about sexual misconduct. Rather the guidance is to be used by National Boards <i>after</i> an independent tribunal finding of professional misconduct has been made, to identify whether sexual misconduct was a basis for that finding.</p> <p>A 'short guide' has also been developed for people who want key information without the detail.</p> <p>Both the guidance and short guide have been designed for publication to make the information more accessible and easier to read.</p>
Sexual misconduct is distressing. Information about supports available for both the public and practitioners should be included	<p>We have included a content warning on the front page of the guidance including that supports are available.</p> <p>The guidance will be published on our National Law Changes website and via a drop down box on our new webpage for reporting sexual misconduct. This webpage has a 'quick exit' feature and was</p>

Key theme	Our response
and steps taken to minimise distress	<p>designed with input from a range of stakeholders including external organisations that support sexual assault survivors and people with lived experience.</p> <p>We have included more information in the guidance about the process and procedural fairness for practitioners and supports available.</p> <p>We will work with others on our communications and our focus is on minimising distress for practitioners, communities and individuals as best we can.</p>
Approach to identifying categories of sexual misconduct – using examples and types of sexual misconduct was strongly supported	<p>We welcomed the overwhelmingly supportive feedback that the approach taken in the draft guidance was clear; reflected that there are a spectrum of behaviours that may be considered sexual misconduct; that these categories need to be relevant to different cultural and lived experiences; and take account of different settings and contexts. This was emphasised given the National Law is retrospective and applies to decisions from 1 July 2010.</p> <p>We added information about cultural safety and our specific approaches to matters involving Aboriginal and Torres Strait Islander people who have been subject to professional misconduct (sexual misconduct).</p> <p>We have improved the clarity of the information by inserting separate parts to say what is sexual misconduct, the categories of sexual misconduct and examples. The examples are:</p> <ul style="list-style-type: none"> • Conviction of sexual assault • One allegation of inappropriate touching • One allegation of hugging a patient. <p>We inserted a separate section about other relevant factors and examples – including what we mean by ‘necessary inference’ test and that the decision is based on the tribunal’s decision and reasons.</p>
Provide more clarity about the decision-making process – roles, responsibilities, timing and procedural fairness	<p>Two sections are inserted into the guidance to improve clarity and workability:</p> <ul style="list-style-type: none"> • The National Boards’ task and • Process for decision making with diagrams. <p>Clarified that Boards will only refer to tribunal decision and reasons – not seek additional information or challenge the decision of the tribunal.</p> <p>More information about the show cause process including timing has been added.</p>
Editorial and format changes – requests to use tables to break up density of information, include more examples, add contents page, a glossary and diagrams, and references to documents that have informed the guidance	<p>Formatting has been heavily revised in response to this feedback – with greater use of summary dot points; headings to break up the information; and where possible, plain English is used.</p> <p>We also added information about the public register and links on how to access both the national register and the list of cancelled practitioners.</p> <p>We have added a glossary and diagrams and a process map as part of the guidance.</p>
Should be a mechanism for Ahpra and the National boards to review the guidance	<p>We added a review period. Ahpra and the National Boards will review the guidance two years after it takes effect and may review sooner if needed.</p>

Key theme	Our response
Need additional resources and information and communications – plain English; diagrams; FAQs; and material that is accessible to communities across Australia	We will explore developing these additional resources now that the guidance is finalised. This includes public facing information about information appearing on the public register about sexual misconduct before the change starts in April 2026, so that people are aware of both the change and supports that are available. We will also look at use of newsletters to reach people and practitioners.

3.4 Feedback that was out of scope of guidance

Key theme	Our response
There will be reputational damage to practitioners from publishing this additional information Concerned about retrospective application of the amendments. There should be a time period after which the sexual misconduct information is removed.	<p>The change to the National Law requires permanent publication of this information on the public register. We have no discretionary power to remove the additional information after a period of time. We cannot change the retrospective application of the amendments. The amendment Bill was debated and passed by Parliament into law.</p> <p>There are few exceptions to publication – and we have revised the guidance to make this clearer. We have also provided more information about procedural fairness and a show cause process that will give an opportunity for a practitioner to make a submission to the National Board before a final determination is made.</p>
Improve the visibility and searchability of the public register and list of cancelled practitioners	<p>Feedback was shared with our colleagues working on improvements to the public register.</p> <p>Quick access to the cancelled practitioners list is on the Ahpra home page as this was previously difficult to find.</p>
Notifications (concerns) – need clearer website information; particularly the process for raising concerns about sexual misconduct	<p>We were told that there is good information on the Ahpra website about notifications but the general public may not be aware of this. People are also not aware of the information about practitioners that is already available on the public register.</p> <p>Concern was raised that the Ahpra notifications page asks people to raise concerns first with the practitioner – which is not appropriate for sexual misconduct notifications. The landing page on the Ahpra website specifically for sexual misconduct has the appropriate information but appears to be going through the general notifications landing page.</p> <p>Improving the webpage and publishing a range of webpage changes to support people considering reporting sexual misconduct by a health practitioner was underway as an initiative from Ahpra's action plan to improve public safety in health regulation (2023) which responded to public concerns and media coverage about reports of sexual misconduct by registered health practitioners. The website changes went live in November 2025 and included a new webpage for Reporting health practitioner sexual misconduct.</p>

4. Conclusion and next steps

- 4.1 Ahpra and the National Boards have carefully considered stakeholder feedback and agreed the changes to be made. The final form of the Guidance has been significantly improved as a result of consultation feedback.
 - 4.2 The Guidance (and short guide) will be published in mid-December 2025.
 - 4.3 National Boards will use the Guidance to review all professional misconduct findings by tribunals dating back to the start of the National Registration and Accreditation Scheme in 2010, to determine whether the basis for a tribunal finding of professional misconduct was that the practitioner engaged in sexual misconduct.
 - 4.4 Additional resources are being developed and will be published to coincide with the start of this change as expected in April 2026 (as decided by Governments).
 - 4.5 We have scheduled a review of the Guidance for no later than two years after the new power starts. Ahpra and the National Boards can review the guidance earlier if needed.
-