

# **Guidance**

## Sexual Misconduct and the National Law: Short guide

December 2025

CONTENT WARNING. The material in this Guidance contains references to and explanations of sexual misconduct that some readers might find 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](https://www.1800respect.org.au/).

[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](#).

## Purpose of this short guide

If a tribunal<sup>1</sup> finds a registered health practitioner has engaged in professional misconduct with a basis of sexual misconduct, that finding will be permanently added to their record on the national register of practitioners.

National Boards are responsible for deciding if sexual misconduct was a basis for the tribunal's finding of professional misconduct. To make this decision, Boards will rely on the *Guidance on sexual misconduct and the National Law* (the Guidance).

This short guide explains the key points of the Guidance. You can find the full Guidance on the Ahpra website.

The [National Register of Health Practitioners](#) is available to the public on the Ahpra website. The website also has a [List of Cancelled Health Practitioners](#).

## Why this matters

Sexual misconduct by health practitioners undermines community safety, seriously breaches professional and ethical standards and betrays the trust placed in practitioners by their patients, colleagues and the community.

Ahpra and the National Boards are committed to taking strong regulatory action and collaborating with the health sector to stop sexual misconduct from happening.

Publishing findings of sexual misconduct on the national register ensures people have the information they need to make informed choices when visiting a health practitioner.

## Who does the Guidance apply to?

The Guidance applies to all 16 health professions regulated by Ahpra and the National Boards. It applies nationally, including Queensland and NSW, subject to arrangements with co-regulators in those states.

The law applies retrospectively to tribunal decisions from the start of regulation for each profession.

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

## How Boards will use the Guidance

Once a practitioner has been found by a tribunal to have engaged in professional misconduct, Boards will then use the Guidance to help decide if sexual misconduct was a basis for the finding.

Boards will rely on tribunal decisions and rulings to make their decision – they will not reinvestigate the matter.

Sexual misconduct does not need to be the only or main reason for the tribunal's finding of professional misconduct. If sexual misconduct is not specifically stated in the tribunal's decisions and rulings, the Boards can still infer from this information that sexual misconduct was involved.

---

<sup>1</sup> Tribunals are responsible for hearing the most serious allegations involving a registered health practitioner.

**Example 1 – Conviction of sexual assault**

A tribunal found a practitioner guilty of professional misconduct based on a criminal conviction for sexual assault, explicitly referring to the conduct as sexual misconduct. The National Board can record this on the National Register without drawing any inference.

**Example 2 – One allegation of inappropriate touching**

A tribunal found a practitioner guilty of professional misconduct for touching a patient's genital area without clinical justification and failing to keep proper records. It did not specifically label the conduct as sexual misconduct. The National Board may infer that sexual misconduct was a basis for the finding, given the nature of the practitioner's actions.

**Example 3 – One allegation of hugging a patient**

A tribunal made a global finding of professional misconduct for inappropriate prescribing and noted an allegation of hugging a patient. It did not link the hug to sexual misconduct. The Board is unlikely to infer that hugging was a basis for the professional misconduct finding.

There are a number of relevant factors Boards may consider when deciding if sexual misconduct was a basis for the decision. These include, but are not limited to:

- the nature and location of contact
- clinical justification and consent
- any power imbalance and vulnerability
- sexual intent (if evident)
- the context and timing of the conduct
- the nature of the relationship

## What will be published?

If sexual misconduct was a basis for the tribunal finding, the register will show:

- a statement that the practitioner engaged in sexual misconduct
- any sanctions (like a reprimand, imposition of conditions, suspension or cancellation of registration)
- a link to the tribunal decision (if available).

If a practitioner's registration is cancelled, the register will also show if they are banned from reapplying for registration, how long they are banned for and if that ban extends to providing health services or using certain titles.

## Exceptions to publication

Information will not be published if:

- the tribunal decision is overturned or stayed on appeal
- publishing would breach a court or tribunal order
- conditions relate to impairment and privacy must be protected
- publishing would pose a serious risk to the health or safety of the practitioner or their family.

These exceptions balance transparency with fairness and safety.

## Decision-making process summary

1. Tribunal decision delivered and appeal period ends.
2. Board reviews decision and forms an initial view.
3. Practitioner notified and invited to respond (28 days or longer).
4. Board considers response and makes final decision.
5. Practitioner advised of outcome and reasons.
6. Information published on the public register, no earlier than 28 days after notification.

If practitioners have concerns about the process, they can make an administrative complaint through Ahpra's [administrative complaints system](#) or to the National Health Practitioner Ombudsman, and can also seek judicial review.

## What is sexual misconduct?

Sexual misconduct covers a wide range of behaviours, including breaches of professional boundaries, sexual harassment and criminal sexual offences. It can occur inside and outside of a practice setting.

All sexual misconduct is serious and can be a serious risk to public safety and professional integrity.

### Examples

#### With patients or clients:

- Touching intimate areas without clinical need.
- Asking for unnecessary sexual history.
- Making sexual comments or jokes.
- Sending sexual messages or images.
- Flirting, hugging or kissing.
- Any sexual activity or grooming behaviour.

Sexual misconduct with patients or clients may happen even if the person involved consents to, initiates, or willingly participates in the conduct.

#### In professional settings:

- Sexual harassment of colleagues.
- Exploiting workplace power imbalance for sexual purposes.

#### Criminal conduct:

- Sexual assault, rape, stalking with sexual intent.
- Possession or distribution of unlawful sexual material.
- Other examples include grooming behaviour, coercion, and persistent unwanted sexual attention.

## Appendix 1 – Process map for publishing the additional information

