

Community Advisory Council communiqué

July/August 2025

The Community Advisory Council (CAC) met face to face and virtually on **Thursday 31 July and Friday, 1 August 2025** in the Ahpra Brisbane office. This communiqué highlights key discussions and considerations from the meeting.

The Chair welcomed members to the meeting and acknowledged the Traditional Owners of the lands on which the meeting was being held and paid respect to their Elders, past and present.

Members welcome Jamie Williamson to the CAC and his first meeting.

Jamie introduced himself highlighting that he is a First Nations representative from Ulladulla on the South Coast of New South Wales. Jamie was trained in mining engineering, then shifted employment after witnessing disadvantage in rural and remote communities. Jamie grew up and is currently living in regional Victoria. He transitioned from the public service to roles in the commercial public sector, including a CEO position at the Gippsland Aboriginal Collective starting in 2019. During his time there he led responses to major events including COVID-19 and the Black Saturday bushfires, focusing on social and emotional wellbeing and medical support. His current work is in consultancy working with his experience reflecting a deep commitment to community-led solutions and systemic change, particularly in regional and First Nations communities.

Please advise the Community Advisory Council if you have any emerging topics for discussion for their upcoming meetings.

The next meeting of the Community Advisory Council is virtual on Thursday, 10 April 2025.

CEO update

Justin, CEO provided an update highlighting:

- the medicinal cannabis campaign and it being a successful example of harm prevention strategy, with clear guidance and strong media impact. There were over 250 mentions in 24 hours. There has been a three-tiered approach including:
 - educate practitioners who are uncertain or at risk of unsafe prescribing,
 - warn and regulate those deliberately exploiting the system, and
 - inform the public about the risks, while supporting legitimate prescribing.
- a significant emerging issue regarding compassionate release of superannuation for cosmetic medical procedures, especially in dental. These concerns include practitioners pressuring patients to access superannuation outside legislative allowances, leading to financial exploitation and poor service outcomes. There was a serious case in Perth which displayed potential harm, prompting investigations and tribunal proceedings. This has been addressed with a joint task force which has been established with the ATO and ASIC. The ATO holds the relevant data but is unable to use enforcement powers. Ahpra has enforcement capabilities but has limited data access. A proposed legislative change could enable better data sharing and enhance regulatory oversight.
- The discussion touched on system-wide collaboration, including joint statements and targeted advertising, to raise awareness and prevent harm.
- improving data sharing and collaboration between regulatory bodies, particularly in relation to the NDIS. While relationships with agencies like the NDIA and the NDIS Quality and Safeguards Commission are developing, work is to be undertaken to strengthen management. Especially where regulatory gaps allow exploitation.
 - A member provided a lived experience example as some providers exploit NDIS funding by charging inflated cancellation fees, which, while technically legal, raises ethical concerns. This

raises concerns as patients of NDIS services may fear losing services if they speak up. Justin responded that Ahpra will work to build stronger partnerships with relevant agencies, including the NDIA, and explore joint approaches to reducing the exploitation.

- Two long-serving executives, Kim Ayscough and Chris Robertson, will be stepping down in August after 15 years of service. Justin and members acknowledged their contribution to the organisation's growth and have played such a significant and important role in our scheme. Interim recruitment processes are underway as part of the broader reform journey.

Members further discussed the compassionate release of superannuation for dental procedures, raising concerns about the broader issue of dental care being unaffordable and the lack of funding in the public sector. Members highlighted the need for a nuanced approach that recognises both community needs and systemic gaps in dental funding.

Members welcomed Kristy Gannon, Ahpra's new Chief of Staff. Kristy introduced herself and shared her professional background.

Members acknowledged the published article in Medical Forum in Western Australia outlining the successful implementation of the expedited pathway for Specialist International Medical Graduates under the Kruk Review. There have been nearly 200 practitioners now working in Australia with an average of just six weeks from application to placement.

Members thanked Justin and Kristy for attending the CAC meeting.

Navigator Service - our measures of success

Members noted a presentation providing an update on the service's purpose to guide individuals, especially those whose concerns are outside Ahpra's jurisdiction and to be navigated towards the appropriate health complaint entities or services. The navigators are not advocates but offer information, resources, and support to help people raise concerns effectively, including understanding what documentation is needed and how to approach providers.

Members discussed the operational rollout and scope of the Pathway Navigator service, the National Manager of Notifications provided an update advising that it is designed to support notifiers concerns that fall outside Ahpra's jurisdiction. The service aims to reduce confusion and prevent Notifiers from being caught in regulatory gaps or referred endlessly between entities. Navigators will provide personalised support, including warm handovers to appropriate organisations, ensuring complainants feel heard and guided. The service will be launched on 18 August with five navigators handling approximately 30 cases per day and to sit within the existing teams in the Notifications directorate. The Service will begin with a soft launch, engaging only with notifiers already in the system to manage demand.

Community of Practice

Members noted an update highlighting the strong support for establishing a Community of Practice for community Board members. The aim being to create a safe, inclusive space for community members to connect, share experiences, and explore their role in representing the public voice across the National Scheme. There has been a recent meeting with some of the CAC members and National Board community members reinforcing the importance of co-designing this initiative thoughtfully to ensure clarity of the purpose and value. A short concept paper is being developed to outline the idea and invite Boards to nominate interested community members to participate in a working group, to help shape the initiative of establishing a Community of Practice. The working group has an aim to convene in September to begin defining the structure, purpose, and potential outputs of the Community of Practice, with a view to holding an initial forum later this year. This initiative may also support future changes in Board arrangements, including potential moves toward parity between practitioner and community members.

National Strategy consultation

Members noted an update highlighting a transcript of the CEO's presentation at the May combined meeting in Melbourne. This transcript outlines key themes the CEO has been exploring with stakeholders across the National Scheme, particularly around strengthening the community voice.

Members further noted the key findings and emerging themes for the next National Scheme Strategy and provided their feedback.

Consultation and Engagement Hub

Members noted an update on the development of the new digital consultation and engagement hub platform for Ahpra and the National Boards. This initiative aims to replace the current manual, PDF-based processes with a streamlined, interactive solution that enhances public participation. The platform will support six key functions: online consultation tools, improved engagement mechanisms, branding and marketing, automated reporting, stakeholder data management, and governance/compliance. The project is currently in the requirements scoping phase and procurement documents are being prepared for vendor engagement by late August or early September, with a goal to have a functional platform by December and a public rollout in early 2026.

Members further noted that there are four dedicated workstreams that have been established to guide the platform's development including Consultation, Engagement & Reporting (CER), Stakeholder Data & SRM, Branding, Marketing & Governance and Technology Framework. These groups are actively defining platform requirements and incorporating stakeholder feedback. A stakeholder survey is also being developed to gather broader community input, with rollout planned between August and September. CAC members are encouraged to participate in these workgroups, review the survey, and support its promotion to external stakeholders.

Building health workforce capability in family, domestic and sexual violence

Members

1. noted an update on the overview of the FDSV capability initiative,
2. noted the National Scheme's FDSV action plan,
3. considered and provided feedback below on the draft joint statement on building health workforce capability in FDSV, and
4. considered and provided feedback on the draft explanatory guidance.

Members emphasised the importance of embedding trauma-informed care, addressing hidden forms of violence and ensuring cultural safety for diverse communities including LGBTQIA+, multicultural, migrant, and overseas-trained practitioners. Members discussed there be a strong call to ensure messaging is accessible and does not mistakenly cause harm.

Final Code of conduct for Board and committee members and Resolution management procedure for members

Members noted an update that the updated Code of Conduct for Boards and committees had been reviewed. It outlines the expected standards of behaviour, including integrity, respect, collaboration, and achievement, and reinforces the importance of operating within the National Law. The key change is the separation of resolution management into its own document, making it clearer on how concerns or conflicts should be addressed. If any issues arise, members are encouraged to raise them with the Secretariat who will assist in resolving them.

The Code of Conduct also reflects workplace health and safety laws across jurisdictions and highlights the importance of acting in good faith, being financially responsible, and exercising care and diligence. It reminds members of their responsibility to disclose conflicts of interest and operate in the public interest.

Informational resource explaining the two specialist titles 'oral surgeon' and 'oral and maxillofacial surgeon'

Members noted the consultation was focused on a draft informational resource developed by the Dental Board of Australia and the Medical Board of Australia to clarify the specialist titles Oral Surgeon and Oral and Maxillofacial Surgeon. The resource aims to reduce confusion and improve understanding among both health professionals and the general public.

Please advise the Community Advisory Council if you have any emerging topics for discussion for their upcoming meetings.

The next meeting of the Community Advisory Council is face to face on Thursday, 11 September 2025

Hamza Vayani

Chair