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Call for Parliamentary Inquiry into AHPRA's Conduct, Accountability and Impact on the Medical Profession

To the Honourable Members,
Senator Alex Antic: senator.antic@aph.gov.au
Senator Ralph Babet: senator.babet@aph.gov.au
Senator Sarah Henderson: senator.henderson@aph.gov.au
Senator Malcom Roberts: senator.roberts@aph.gov.au
Senator Matther Canavan: senator.canavan@aph.gov.au

We write on behalf of medical practitioners directly affected by the conduct of the Australian Health Practitioner Regulation Agency (AHPRA) and associated National Medical Boards.

We are writing to you specifically, as you have all demonstrated great interest in questioning AHPRA officials in senate meetings and pressing them on pertinent issues that also concern us.

We would like to make you aware of the concerning behaviours and activities of AHPRA that have affected several doctors that we include in this letter, that would not otherwise be known about. There have been numerous suicides of our colleagues during investigations. There is evidence of overreach and abuse of power by AHPRA.

We respectfully request that Parliament establish a full inquiry into AHPRA's governance, accountability, use of coercive regulatory powers, treatment of practitioners, and broader impact on the medical profession.

Executive Summary

- The attached practitioner accounts indicate a pattern of regulatory conduct experienced as opaque, disproportionate and professionally destructive. (**Annexure A and B)**
- AHPRA's use of immediate action, suspensions, practice restrictions and prolonged investigations can end careers before any final finding is made.
- Practitioners report inadequate reasons, limited procedural fairness, unresolved delays, severe reputational harm, financial loss and psychological injury.
- Regulatory action and public statements have created a chilling effect on lawful clinical opinion, professional speech and open debate on matters of public health.
- The 3 June 2026 Senate Estimates, evidence concerning Dr Andrew Amos and Dr Jillian Spencer raises serious questions about the accuracy, completeness and practical effect of AHPRA's assurances to Parliament.
- These matters are not isolated. They sit within a longer history of parliamentary concern regarding delay, opacity, complaints handling, governance and independent oversight.

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- A full Parliamentary Inquiry is required to determine whether AHPRA's powers are being exercised fairly, lawfully, proportionately and consistently with the public interest.

Why Parliamentary Scrutiny Is Urgent

AHPRA commenced national functions on 1 July 2010 under the National Registration and Accreditation Scheme. The scheme was intended to improve consistency, practitioner mobility and public protection. However, repeated parliamentary scrutiny and the attached practitioner accounts suggest persistent problems with delay, opacity, governance, complaints handling and the proportionality of regulatory action.

In 2023, AHPRHA themselves, published an alarming manuscript on their own practices, identifying **20 suicides cases over 4 years** where practitioners who were currently, or recently, involved in a regulatory process had attempted suicide or self-harm or had taken their own lives (1) **Attachment 1**. Of the 20 cases, 16 resulted in death and 4 were attempted suicide or self-harm. Their own data found there were elements of the regulatory complaints process contributing to practitioner distress including poor communication, extended time to close the investigation, and the management of health-related concerns.

Practitioners who experienced both the former state-board system and the current national scheme describe a marked loss of professional confidence in the regulatory process. Their accounts include cancelled registrations, significant restrictions on practice, lengthy investigations, financial loss, reputational damage and serious psychological harm.

We have included here the testimonials of several medical practitioners who have been and are currently under relentless and prolonged investigation by AHPRA and the medical boards. Not a single case is where **any patient has been harmed**.

These medical professionals are all currently suffering from profound trauma, moral injury, loss of livelihood, income and savings. The restrictions placed on these health professionals are unconscionable.

Some of the testimonials involve doctors suspended and registrations cancelled for following the Hippocratic oath of treating individual patients during the covid era and others for non-medical social media posts.

Proper regulation and public safety require scrutiny of whether AHPRA's processes meet appropriate standards of transparency, fairness, independence and proportionality given its significant power over practitioners' livelihoods, reputations and ability to speak publicly on clinical matters.
Some of these cases, in public domain include:

1. Dr William Bay (Queensland): suspension 2022-2024 for alternative evidence based covid-19 opinions and political speech

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2. Dr Mark Hobart (Victoria): suspended November 2021- current: for lawful covid-19 vaccine exemptions
3. Dr Valerie Peers (Victoria): suspended November 2021 for lawful covid-19 vaccine exemptions
4. Dr Beverley Peers (Victoria): suspended March 2025 for alternative evidence based covid-19 opinions and political speech
5. Anonymous doctor (Victoria): currently suspended for social media posts. Too frightened to be named. Living in poverty.
6. Dr Jareth Kok (Victoria): license revoked for social media posts for gender care of minors.
7. Dr Andrew Amos and Dr Jillian Spencer (QLD): opinions on gender care of minors
8. Dr John Piesse (Victoria) suspended 2016 for childhood vaccination exemptions. Living in poverty.
9. Prof Charlie Teo NSW currently under investigation for declaring evidence based dissent on social media for Covid 19 vaccination.
10. Dr Julian Fidge has had conditions placed on his registration for two years.

Evidence of Regulatory Overreach and Chilling Effect

During the COVID-19 period, AHPRA's 9 March 2021 position statement on registered practitioners, students and vaccination was experienced by many as a warning that professional disagreement with official policy could expose practitioners to investigation or disciplinary action. Although the statement affirmed the importance of "professional judgment and the best available evidence", practitioners who expressed differing clinical interpretations reported suspension, deregistration and other serious regulatory consequences **(Attachment 2).** Despite this "position statement" being "retired", several doctors (some listed above) remain suspended. These doctors have been deprived of their livelihood and income whilst many are still struggling through the court system.

Dr William Bay, a general practitioner in Queensland, was suspended in 2022 for over two years after receiving 5 notifications by AHPRA for his political speech. In 2024, Dr Bay self-represented in the Supreme Court, had all 5 notifications set aside by Justice Bradly, with the Justice sharply criticizing the actions of AHPRA and the Medical Board on several occasions and stating that "it might be difficult to characterise the conduct of the Board and AHPRA as anything less than profoundly unsatisfactory" and that it was clear that AHPRA and the Board's actions indicated "animus towards Dr Bay" and that none of them demonstrated any evidence that Dr Bay had provided or was providing any clinical services that failed to meet the applicable standards, or that Dr Bay had contravened any legislation or breached any Code of Conduct.
Bay v Australian Health Practitioner Regulation Agency [2024] QSC 315 - Caselaw **(Attachment 3)**

The effect was not confined to COVID-19. More recently, concerns have arisen regarding regulatory action involving doctors who raised professional concerns about gender-affirming care for minors. At the Community Affairs Legislation Committee Senate estimates hearing on 3 June 2026, Senator Sarah Henderson questioned AHPRA CEO Justin Untersteiner about the cases of Dr Andrew Amos and Dr Jillian Spencer.

AMPS Australian Medical Professionals' Society

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Mr Untersteiner stated that AHPRA had not taken action against practitioners for raising legitimate concerns and would not act against a practitioner merely for expressing views about hormone blockers or gender-affirming treatment. Shortly afterwards, Dr Spencer's suspension was lifted.

Dr Amos, however, remains subject to significant published restrictions, including limits on social media communication, both personal and professional communication (**Annexure B)**

Similar social media limitations have also been applied to Dr Julian Fidge (Victoria) who was coerced into signing these limitations. (**Annexure B).**

It is obvious that these social medical limitations appear draconian and likely unlawful.

Civil Conscription of doctors and dentists is expressly unauthorized under s51: xxiiiA of the Commonwealth Constitution. This was passed by the Commonwealth parliament and subsequently submitted to the electors under s128 of the Commonwealth Constitution. The AHPRA Position statement of March 2021 is a form of civil conscription of health practitioners. I quote High Court Case law British Medical Association v The Commonwealth1949 HCA 44:79 p292/3 Webb J, compulsion to any extent, or by any nature, whether legal, by the imposition of penalties, or practical , by any other means, direct or indirect, could not be authorized. To require a person to do something which he may lawfully decline to do but only at the sacrifice of the whole or substantial part of his livelihood would be to subject him to practical compulsion amounting to conscription in the case of services required by parliament to be rendered to the people. If parliament cannot lawfully do this directly by legal means it cannot lawfully do it indirectly by creating a situation, as distinct from merely taking advantage of one, in which the individual is left no real choice but compliance.

Systemic Concerns Requiring Inquiry

The attached material and parliamentary history raise questions that extend beyond individual complaint processes. They concern the design, culture and accountability of the national regulatory scheme itself. In particular, Parliament should examine whether AHPRA's processes allow serious interim measures to operate as de facto punishment before allegations are tested. Inquiry should consider:

- AHPRA's use of immediate action, suspension and practice restrictions;
- the fairness, transparency and timeliness of notification and investigation processes;
- the handling of anonymous, vexatious or ideologically motivated complaints;
- the regulation of professional speech, public comment and social media;
- the psychological, financial and professional harm caused by prolonged or disproportionate regulatory action;
- whether evidence provided to Senate Estimates has fully and accurately reflected the practical consequences of AHPRA's actions;
- the adequacy of independent oversight, appeal rights and integrity safeguards; and
- whether statutory powers have been exercised consistently with the purposes of the National Law and whether any matters warrant referral to appropriate integrity bodies.

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- Whether evidence based dissent is regarded by MBA/AHPRA as regulatory risk rather than a professional duty by doctors.
- Whether AHPRA should be dismantled and a return made to state based medical boards run by doctors.

Requested Terms of Reference

We call on Parliament to establish an inquiry into AHPRA and the operation of the National Registration and Accreditation Scheme, with particular examination of:

- AHPRA's governance, culture and accountability to Parliament;
- the threshold, evidentiary basis and proportionality of immediate action decisions;
- delays in investigations and the consequences for practitioners and patients;
- procedural fairness, reasons for decisions and access to evidence;
- the management of complaints involving contested public policy, clinical judgment or professional opinion;
- the impact of regulatory action on practitioner mental health, including reported suicides during notification or investigation processes;
- the adequacy of oversight, review and appeal mechanisms; and
- whether legislative reform is required to restore confidence, fairness and independence in health practitioner regulation.

Annexures and Supporting Material

The enclosed material includes practitioner accounts and supporting documents illustrating immediate suspension without tested evidence of harm, lengthy investigations, loss of livelihood and reputation, inability to obtain clear reasons, fear of expressing clinical opinions, and severe mental health deterioration.

Annexure A Testimonials of doctors currently affected by AHPRA.
Annexure B Sets out the published conditions currently listed for Dr Andrew Amos and Dr Julian Fidge.
Annexure C Chronology of Principal Parliamentary Scrutiny of AHPRA (2010–2026)
Annexure D 2021 AHPRA Position statement on Covid-19 Vaccinations
Attachments:

1. Manuscript: Biggar S, van der Gaag A, Maher P, Evans J, Bondu L, Kar Ray M, Phillips R, Tonkin A, Schofield C, Ayscough K, Hardy M, Anderson S, Saar E, Fletcher M. 'Virtually daily grief'-understanding distress in health practitioners involved in a regulatory complaints process: a qualitative study in Australia. Int J Qual Health Care. 2023
2. AHPRA 2021 Covid-19 Position statement
3. Judgment of: Bay v Australian Health Practitioner Regulation Agency [2024] QSC 315

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Closing Request

Parliament should not treat these matters as isolated grievances. AHPRA exercises significant statutory power over professional practice, livelihoods, reputations and professional speech. Such power must be exercised transparently, proportionately, on a sound evidentiary basis and with effective independent oversight. The accounts presented here raise serious questions about whether those standards are consistently being met.

We therefore call on Parliament to establish a full inquiry and hear directly from affected practitioners, including those with experience of both the former state-based system and the current national scheme. Confidence in Australia's health regulatory system depends on practitioners being able to practice, question, advocate and express good-faith professional opinions without fear of disproportionate or opaque regulatory action.

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ANNEXURES

Annexure A:

Personal testimonial of doctors

Doctor 1:

Dr. Mark Hobart is an Australian GP in the state of Victoria, who was unjustly targeted for his stance against government overreach during the COVID pandemic. When it became known that he was writing exemptions from the mandatory, experimental mRNA vaccines, Dr. Hobart's clinic, located in the Melbourne western suburb of Sunshine, was raided by the authorities and he subsequently was suspended from practising medicine.

See link: https://endeavourforum.org/2026/08/12/the-abolition-of-doctor-and-patients-rights-since-2008/ From the AHPRA (Australian Health Practitioner Regulation Agency) position statement on COVID-19 vaccination:

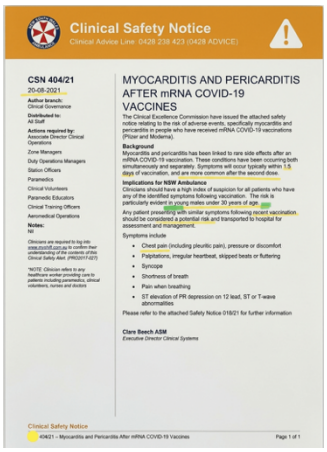
"Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action." [7]

In November 2021, I was suspended from medical practice by the medical board, being charged with professional misconduct. The main reason was that I had issued temporary COVID injection exemptions to my patients because I could not comply with the position statement.

By that time, it was widely known that the COVID injections caused death from myocarditis and pericarditis, and this was reported in the mainstream medical literature. It was also widely known that the vaccines did not prevent transmission of the virus, and that they caused myocarditis. Indeed, Dr Nick Coatsworth, Commonwealth deputy chief medical officer at the time of COVID, in an interview on "A Current Affair" in March 2025 has since admitted this and said that the covid mandates were "unethical". (see 7.20 – 8.10)

This was also published in a poster by the NSW ambulance authority in August 2021. (see below).

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Clinical Safety Notice

CSN 404/21
20-08-2021

MYOCARDITIS AND PERICARDITIS AFTER mRNA COVID-19 VACCINES

In November 2021 I was suspended by AHPRA because I gave temporary medical certificates usually of three months duration to my patients who were being forced to have the COVID injection otherwise they would lose their jobs and or have an injection which was dangerous to their health and or also conflict with their religious beliefs because the injections were made from aborted human foetal parts.

When I had the opportunity to ask, about 50% of them had suicidal ideation about this, so I had no hesitation in giving them a certificate saying that they should not have the injection. I am still suspended now almost five years later waiting for the decision of my last trial which finished on the 16 June. The medical board is attempting to prove that I am guilty of professional misconduct and a danger to the Australian public.

I am one of four doctors who have been suspended for this in Victoria because we all stood up for this violation of one of the most basic of human rights the right to be fully informed of your medical treatment and the right to refuse this treatment if you don't want it.

Dr Luke McLindon, Catholic, a specialist obstetrician and gynaecologist specialising in fertility treatment at the Catholic Mater Hospital in Brisbane, in an affidavit to the Supreme court QLD found that 73% of his patients that were vaccinated within 6 weeks of conception against COVID had miscarriages compared with 13% of the patients that had not been vaccinated immediately prior to or just after conception. He was sacked by the hospital in June 2022 and has been unable to work in medicine since. He told me that the Mater hospital was the only public Catholic hospital in Australia, offering tubal surgery restore fertility; these are no longer offered and patients are now told "there's only IVF", as cost is a significant barrier.

Several other doctors throughout Australia have been suspended for comments they made about COVID in social media or in the mainstream media, or they were sacked from their jobs because they refused to have the COVID injections.

Implications for Catholic doctors

These laws are contrary to fundamental Catholic teaching regarding the right to life, and to live according to the truths of the Catholic faith. Even if you are not Catholic, these laws are against the

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natural law. The Hippocratic oath from 500 BC contained fundamentals precepts: first do not harm, do not prescribe or administer a poison, do not procure an abortion and there must be confidentiality between the physician and patient; the term "patient" derives from the Latin *patientem*: "suffering".
Catholic doctors and doctors who follow the natural law cannot assist patients to kill themselves. We should not stand by and not give a good counter argument to a woman who wants to abort their child and certainly not be complicit in abortion. We should not comply with giving a medical treatment the patient is forced into accepting because they believe it is dangerous or against their beliefs, or that we think may be dangerous for them and but recommended it to the patient because the government says it is so. On the other hand if we do not do these doctors are not able to practice medicine in our society.

What can be done?

As I said at the outset I contend these are all examples of conscription of medical services by the state governments and, because they must be paid for by Medicare, which is an Australian government agency, is in contravention to section 51xxiii(A) of the Australian continent Constitution, which prohibits "any form" of conscription of medical services.

This amendment to the Constitution was brought in by the Robert Menzies in 1946, in the context of the then recent Nuremberg medical trials which punished doctors who performed forced experimental medical treatment.

Although it may be sometime before we can use the Constitution to rectify the situation logically, it should be possible if there is sufficient public opinion to push things towards this end.
The main purpose of my talk is to raise public awareness of the current state of affairs so that people can form an understanding of how we got to the situation, which is completely untenable and unacceptable, and then take steps to change it.

Dr Mark Hobart, MBBS.
30 July 2026

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Doctor 2:

From: Valerie Peers <vpeers45@icloud.com>
Date: 26 August 2026 at 2:51:51 pm AEST
Subject: Re Draft of AHPRA Annexure

ANNEXURE- OVER REACH OF AHPRA, SUSPENDED DR VALERIE PEERS.
I graduated MBBS Melbourne University December 1967 and have worked as a GP in private practice for over 50 years with an unblemished record.

The State Medical Boards were disbanded and AHPRA was set up in 2009 following the Queensland State Parliament legislation of the Health Practitioners Regulation National Law Act (HPRNL (Qld) Act) having no authority under the Commonwealth Constitution Act 1901, for a Legislative Scheme across all States and Territories. It was referred to as 'cooperative federalism' described by the High Court Australia as 'loose thinking'. This Act was adopted into Victoria as the HPRNL (Vic) without Victorian parliamentary debate.

AHPRA issued a Position Statement 9/3/2021 which coerced and gagged doctors to abide by the government narrative of 'safe and effective' or be threatened with disciplinary or regulatory action. Safe and effective Covid 19 vaccination has been proven to be "unsafe and ineffective" resulting in adverse effects, permanent disability and death of 1 in each 1000 patients vaccinated with Covid 19 vaccines.

During Covid I attended distressed workers in my private practice having to choose between their livelihood and their health and requesting exemptions for the mandated untested experimental mRNA injections labelled as vaccines. I abide by the long- held code of conduct of the medical profession, 'to do no harm'. I had done my own research and I was concerned at the reports of harms and deaths in the Pfizer trial 5.3.6 USA. **I supplied legal exemptions on the Australian Immunisation Register** (AIR) IM011 forms despite this being contrary to valid voluntary informed consent as set out in the Australian Immunisation Handbook. Because of the 'vaccines' being issued under Emergency Use Authorisation and being untested it was not possible to give informed consent to patients. I played no part in the rollout of 'vaccines'. The AIR IM011 forms were approved by the AIR.

On 4/11/2021 AHPRA suspended my registration under Section 156 HPRNL (Vic) based on an accusation of supplying "fraudulent" exemptions. As previously explained, the exemptions were legal. From this point the process of dealing with a suspension absent any valid pre-conditions has been almost 5 years of punishment. I was submitted to a Search Warrant on my private practice on 5/5/2022 and 15 months later served a Summons on 7 indictable charges under the HPRNL (Vic) section 116 © which included the writing of pathology referrals and the writing of a prescription and medical certificate for a patient.

I have been in the Victorian Court system since 13/7/2023 and attended over 40 hearings. I appealed several matters to the Supreme Court Victoria related to the No Standing of the CEO AHPRA Martin

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Fletcher as the informant in this case, the unconstitutional HPRNL (Qld) parading as federal law out of a state parliament and I challenged refusal of name suppression in my matter. I also appealed the indefinite suspension of a health practitioner having no provision in the HPRNL (Vic). All of these Appeals were unsuccessful. I challenged the failure of the Magistrates Court Victoria to request consent to hear an indictable matter and won that case. My matter subsequently was transferred to the County Court and the Directions is due on 23/9/26 and the trial is set for 26/10/26.

I am also awaiting a decision from the High Court Australia (HCA) on an Appeal against the failure of the County Court to provide protections under the Criminal Law. This has now been dismissed by the High Court..

I have a VCAT matter on 30/9/26 regarding a referral by the Medical Board making a case for professional misconduct. It will be followed up by a hearing on the outcome of the 5 year suspension.

Sadly I have found the Courts overall to be kangaroo courts showing bias to the government and very little respect for the Rule of Law but rather respect for the Rule of the Judges and the Rule of the Barristers.

AHPRA was initially promoted to the profession to simplify the registration process across all States and territories. It has been shown to be very much more than that and morphed into a tyrannical over blown bureaucracy with a poorly managed complaints system, long doctor investigations, knee jerk suspensions and little regard for health practitioners. There have been 16 doctor suicides and 4 self -harm incidents during long investigatory processes.

The AHPRA mammoth bureaucratic ‘experiment’ has failed. An urgent review is needed and a return to State based Boards run by doctors for doctors.

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Doctor 3: Dr Denes Borsos

Contribution to the petition to the federal senate on the over reach of AHPRA.
Denes Borsos
drdenesborsos@gmail.com
Date of document: 01 September, 2026
To whom it may concern

Dear Sir/Madam
Along with some of my colleagues, I have been thrown on the scrap heap by AHPRA in Nov 2021 for giving out covid jab exemptions to clients who wanted it. At the time my small surgery was flooded by desperate people spilling out onto the road for hundreds of meters to the embarrassment of the official covid narrative.

My understanding after five years is that the legislation gives AHPRA unlimited powers to define and enforce medical practice, as well as a monopoly over registrations circumventing any protections offered in law.

In particular AHPRA expects practitioners to operate opposing personal and professional opinions. In essence to ignore personal conviction in favour of an opinion dictated by AHPRA. This is an important mechanism by which doctors are forced to abuse the public with interventions they would reject for friends and family. At the same time the public is led to believe that it is receiving independent medical opinion when in fact it is getting a prescribed opinion from the AHPRA.

The way the legislation is being operated by AHPRA we can witness reducing wellbeing at an increasing cost, deception, coercion, legislative tyranny and institutional capture: The resulting degradation is predictable and obvious in the public statistics for all to see. Under the governance of the AHPRA the cost of the NDIS is overtaking that of the MBS, the PBS expenditure on ADHD drugs is exploding, the special schools are expanding (ours just expanded into the grounds of the former high school), the incidence of childhood cancer is increasing and mental illness is off the scale etc... AHPRA may have good intentions, but it is leading us all to hell by preventing follies to abort and solutions to emerge.

With correct application of the legislation we would have expected to see increasing wellbeing at a reduced cost, we would have expected to see the promotion of open dialogue, free and fair transactions, freedom of choice, good faith and fair play. Instead AHPRA is goaded along to be cruel, arrogant and wrong by the circumvention of all protections offered in the constitution, common law, contract law, legal principles as well as common sense. The statistics clearly show that AHPRA has failed to operate the legislation in our benefit, causing us to convert our children into clients for the NDIS on a large scale.

In my opinion, my colleagues and I along with the public got to suffer 4 out of the 7 sins against free and fair trade at the hand of AHPRA and the other covid freaks: deception, coercion, theft and trespass … with overt rape, assault and murder already legislated and on the books (at least in WA I

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believe) waiting to be implemented at the next round. Such an approach will degenerate us back to the rules of the jungle.

I conclude these notes with the hope that this will not continue unopposed,

Regards
Denes Borsos

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Doctor 4: Dr Beverley Peers

Testimony of Dr Beverley Peers

I am a retired Consultant Anaesthetist and Peri-Operative Physician. I had worked in that role in public and private hospitals in Melbourne for 41 years, with an excellent record of ethical and safe anaesthetic practice. I was terminated from Eastern Health Melbourne in 2022 for refusing to comply with mass Covid vaccination. I asked many questions of the administration including my right to bodily autonomy and informed consent, my scepticism with the government narrative about Covid infection, the safety of Covid vaccination and PCR testing, all of which went unanswered.

After termination of employment, I commenced assisting my sister Dr Valerie Peers in her general practice in Melbourne. She was suspended indefinitely by AHPRA in November 2021 for writing legal vaccine exemptions. Every suspended doctor has 400-1000 abandoned patients. I conducted consultations mainly by Telehealth and left some signed blank scripts in her practice for emergency use.

In May 2022 AHPRA and police did a search of Dr Valerie's practice and photographed clinic items including my prescription pad.

In June 2024 I joined two presenters in a Rumble podcast. I mentioned a number of Covid vaccine side effects, including harms during pregnancy. All my data was verifiable from medical researchers including Dr Luke McLindon a Queensland Obstetrician. Despite this I had Immediate Action taken nine months later in March 2025 with conditions put on my AHPRA/MBA registration.

Senators please note that s156 of the Australian National Health Practitioner Regulation law is not enlivened by free speech. It is concerned with patient harm, but AHPRA has made the statute arbitrary. To the point that there is defiance by AHPRA/MBA of the Constitutional right of implied freedom of political communication and abandonment of the Rule of Law.

AHPRA has unfortunately based its beliefs on scientific fraud and lies promoted by pharmaceutical companies and health departments to punish an honest and ethical doctor.
If health practitioners are gagged, who then will speak the truth knowledgeably on health matters to the public? Only unqualified people and that is a crime. Dr Gary Geelhoed Paediatrician former WA Chief medical Officer says " The climate created by AHPRA's strategy and its activist partnerships has treated evidence-based dissent as a regulatory risk rather than a professional duty"

In an effort to retain my registration with the MBA/AHPRA, after they threatened immediate action over free speech thereby exceeding their jurisdiction, I applied to the Supreme Court in Victoria in December 2024 for an urgent Injunction. I also applied for a Prohibition against AHPRA, both of which were dismissed by Vic Supreme Court Watson J and Judd J., but supported by High Court case law. At the Judd J judicial review in January 2025, the justice declared that by publicising covid 19 vaccine adverse effects during pregnancy that I may promote vaccine hesitancy. Here I was declaring evidence for vaccine harms in pregnancy and a justice of the Victorian Supreme Court was declaring

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propaganda! Furthermore she was later in May 2026 supported by Walker J of the Vic Supreme Court on Appeal, who dismissed my free speech matter as "utterly without merit"

In May 2025, a prohibition against the MBA/AHPRA was heard by Watson J and again I experienced bias in the court. I took the matter of the dismissed Prohibition hearing by Watson J to the Victorian Court of Appeal in June 2026 and Niall CJ, Walker J and Donohue J dismissed my Appeal that supported the constitutional right to implied freedom of political communication under s7, 24 and 128 of the Commonwealth Constitution Act 1901. The Amicus Curiae who attended the hearing was impartial, and supported my constitutional argument of the right to implied freedom of political communication. This ruling came from the highest court in Victoria. What does this say about the function of Victorian courts?
At Senate Estimates I heard Senator Sarah Henderson ask the CEO of AHPRA Mr J Untersteiner about medical practitioner free speech and he affirmed that it was allowed.

It is not allowed by AHPRA/MBA or any of the courts if practitioners oppose the government narrative even though Covid ended in May 2023 and the AHPRA/ MBA position statement of March 2021, gagging free speech of medical practitioners was supposedly superseded in December 2023. That position statement which threatened the registrations of medical practitioners, lead directly to a violation of informed consent that preceded countless Australians suffering vaccine harms and deaths.

The AHPRA Position Statement of March 2021 is a form of unauthorized civil conscription of doctors, as mentioned on page 3. above. Unauthorized under s51:xxiii A of the Commonwealth Constitution Act.1901.

In June 2026, AHPRA informed me that they were lifting the conditions on my registration but proceeding to take Immediate Action to fully suspend my medical registration for signing a few blank prescriptions for emergency purposes, five years earlier.

I remain suspended from medical practice. This is a travesty for an experienced evidence based ethical doctor who is willing to work.
Dr Beverley Peers

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Doctor 5: Dr SP Anonymous

Here's my AHPRA story summary -
I graduated in Medicine in London in 1989, came to Australia in 1990;
I kept learning, gaining a broad range of qualifications and skills over 30 years' clinical practice

By 2020, I was skilled in "root cause" or Functional Medicine, finding it a rewarding way to assist patients back to a healthier self, into wellbeing.

As the covid story broke, I diligently & ethically began to research, joining with many highly skilled colleagues across the world, looking for ways towards preventing infection, how to provide useful tools for early treatment and resolution. Optimising the immune system was vital.

I treated my patients ethically & appropriately, providing personalised individualised recommendations, informed consent, confidentiality, using the precautionary principle, assessing needs and providing compassionate care. There were no patient complaints. My loyal patient following were grateful for my assistance.

Becoming increasingly concerned about the global bigger picture, mandated medical interventions, top down coercive control and "universally applicable safe and effective" jabs, I saw that informed consent, individualised medicine, confidential healthcare were all being eroded & pushed aside.

In 2021, I had a call from ahpra, and an email about an anonymous social media follower who made a complaint. This was not my patient. There was no medical negligence or harm. I had never had a complaint before, and assumed my indemnity would deal with this. The SM follower suggested there could be "potential" harm.

There were about 3-4 highly distressing months in which I was directed by my indemnity organisation to undergo 10 hours of re-education and submit a reflective essay on what I had learnt. Part of my re-education was attention to the AMA code of ethics. At the end of this stressful time, I kept my registration, and chose to take some time out for reflection.

On reflection, the "complaint" may have been manufactured; it demonstrated no harm. It should have been dismissed as a vexatious complaint and instantly summarily dismissed.

The AMA code of ethics outlined that my attention to diligently well researched, evidence based, personalised confidential patient care was exemplary, that Doctors are expected to speak out when there is wastage of healthcare funds and as whistleblowers providing warning where something is noted to be going wrong in the healthcare system.

After time out to reflect and heal from this moral injury imposed by ahpra, I asked to be released from the March 2021 Aphra position statement as I saw that it was impossible to provide truly informed consent (based on research) whilst abiding by the Aphra position statement.

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Ahpra declined to release me from the position statement and so for me, ethically and with integrity, practicing under Aphra control became untenable.
After ending my registration under Aphra, I was further persecuted, receiving a threatening email suggesting I would be pursued for $300,000 as I had not updated my website to remove "protected words"

It is well known through multiple Aphra reviews that Aphra investigation drives good Doctors to suicide. Inappropriate vexatious persecutory behaviour by Aphra must be stopped. Moral injury of diligent, ethical, experienced Doctors is a disaster for the Australian healthcare system.

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Annexure B:

Conditions of practice Dr Andrew Amos

Australian Health Practitioner Regulation Agency - Register of practitioners

As listed 28 July 2026

On 26 February 2026, the Medical Board of Australia (the Board) imposed conditions.

On 25 June 2026, the Board varied the conditions.

1. SOCIAL MEDIA

1.1 From 26 February 2026, the practitioner must ensure any engagement on social media, or interaction, is compliant with the Medical Board's Code of Conduct (Good medical practice: a code of conduct for doctors in Australia) and Ahpra and the National Board's Social Media Guidelines.

1.2 The practitioner must not engage in social media posting, or interaction, in relation to gender medicine, gender identity and/or expression, and transgender persons.

For the purposes of this condition 'social media' is as defined as all internet-based tools that allow individuals and groups to communicate, to advertise or share opinions, information, ideas, messages, experiences, images, and video or audio clips. They may include blogs, social networks, video and photo-sharing sites, wikis, or a myriad of other media, used for:

a. social networking (Facebook, Twitter, WEChat, Weibo, WhatsApp)
b. professional networking (LinkedIn)
c. discussion forums (Reddit, Whirlpool)
d. media sharing (YouTube, Flickr, Instagram)
e. content production (blogs [Tumblr, Blogger] and microblogs [Twitter])
f. knowledge/information aggregation (Wikipedia)
g. virtual reality and gaming environments (Second Life), and
h. booking sites and apps (HealthEngine, Whitecoat, Podium).

This definition is outlined in the Board's guidance document - Social media: How to meet your obligations under the National Law issued by the Medical Board of Australia, November 2019.

This is not an exhaustive list, please refer to Social Media and Health Care Professionals: Benefits, Risks, and Best Practices for further information

1.3 For the purpose of compliance with clause 1.1 and 1.2:
1.3.1 the practitioner must provide Ahpra/ the Board with all current social media profiles and confirmation whether these profiles are public or private, within seven (7) days from the date of imposition of conditions;

1.3.2 Ahpra / the Board may request social media activity log(s) to confirm the practitioner has not authored any content on social media, including posting, commenting or responding to comments in relation to gender medicine, gender identity and/or expression and transgender persons.

2. RESTRICTED PRACTICE

2.1 From 26 February 2026, the practitioner must not practise other than at practice locations that are approved and published below. No practice locations have been approved

2.2 After publication of a practice location, the practitioner must:

2.2.1 not practise if they are the only registered medical practitioner at any practice location.

2.2.2 not practise in any role requiring direct or indirect clinical patient contact (including supervision of other practitioners engaged in direct or indirect clinical contact). For the purpose of this condition, 'contact' is defined as consultation(s), surgeries, procedures, interviews, examinations, treatments, assessments, prescribing for, advising, or otherwise treating a patient directly or indirectly, whether it is in person or on a communication device.

2.2.3 For the avoidance of doubt, in undertaking any practice in accordance with these conditions, the practitioner must comply with the Medical Board of Australia's "Good Medical Practice: A Code of Conduct for Doctors in Australia", as well as all other applicable professional standards, codes, and guidelines in force from time to time.

2.3 The practitioner must comply with the Ahpra Protocol: Practice Limitations in force at the date these conditions are imposed and then as updated from time to time.

Conditions of practice Dr Julian Fidge

Australian Health Practitioner Regulation Agency - Register of practitioners

I, Julian Hadden Fidge of Wangaratta, Victoria (the Practitioner) give the Medical Board of Australia (the Board) the following undertaking in relation to my registration under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law):

1. I will deactivate all of my social media accounts, except my Facebook account, until such time that the current investigation in respect of notification 00562256 is concluded and regulatory action in respect of this notification has been settled by either the Board, a Performance and Professional standards panel, or the responsible Tribunal.

2. While this undertaking is in effect, I will not:

a. create any new social media accounts;

b. reactivate any existing social media accounts, except for my personal Facebook account, which will be used only for the following limited purposes:

b.i. monitoring and accessing information relevant to my local community;

b.ii. private communication with family members; and

b.iii. private communication relating to my duties as Captain of the Laceby West Fire Brigade.

For the purposes of this Undertaking 'monitoring and accessing information' is defined as viewing of content. It expressly excludes posting, commenting, reacting, sharing, livestreaming,

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contributing to groups, engaging in discussion threads or debates, or sending messages unless permitted under clauses 2(b)(ii) and (iii).
c. share my views publicly through any social media account. For the purposes of this Undertaking 'social media' is as defined as all internet-based tools that
allow individuals and groups to communicate, to advertise or share opinions, information, ideas, messages, experiences, images, and video or audio clips. They may include blogs, social networks, video and photo-sharing sites, wikis, or a myriad of other media, used for:

- social networking (Facebook, Twitter, WEChat, Weibo, WhatsApp
- professional networking (LinkedIn)
- discussion forums (Reddit, Whirlpool)
- media sharing (YouTube, Flickr, Instagram)
- content production (blogs [Tumblr, Blogger] and microblogs [Twitter])
- knowledge/information aggregation (Wikipedia)
- virtual reality and gaming environments (Second Life), and
- booking sites and apps (HealthEngine, Whitecoat, Podium).

This definition is outlined in the Board's guidance document - Social media: How to meet your obligations under the National Law issued by the Medical Board of Australia, November 2019.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.

Acknowledgement
3. I acknowledge and understand the definitions of 'social media' and 'monitoring and accessing information' as outlined in this undertaking, noting an exception has been made in respect of the use of Facebook.
4. I acknowledge that if the Board reasonably believes that I have failed to comply with this undertaking, it may take whatever action(s) is appropriate under Part 8 of the National Law.
5. All costs associated with compliance of this undertaking are at my own expense.
6. In accordance with section 225 of the National Law I acknowledge that the public national register will record that this undertaking applies to my registration

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Dr John Piesse

Dr Piesse GP has been suspended since 2016, for ten years, He did not support the government's childhood vaccination policies. He assisted parents to obtain exemptions from the penalties for not vaccinating their children. This is a travesty for such a caring and competent evidence based GP. His health has deteriorated over this time and he is being treated for cancer and living in poverty.

Professor Charlie Teo

Currently Professor Teo, a neurosurgeon, is under investigation by HCCC for comments made on a podcast where he discusses evidence based neurological concerns of stroke in young males, brain fog, fatigue and encephalomyelitis in patients after Covid 19 vaccination. He is supported by evidence in the literature. An anonymous complaint was made to the HCCC, that Professor Teo had made "negative comments"about the Covid19 vaccination. Prof Teo has written a response that is supported by the medical literature, but despite this, the matter has been escalated to the NSW Medical Council, which is investigating this further. Meanwhile Prof Teo must await the outcome.

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Annexure C: Chronology of Principal Parliamentary Scrutiny of AHPRA (2010–2026)

Year	Parliamentary Event	Key Issues Raised
2010	Introduction of National Law	Centralisation of regulation
2011–12	Senate Inquiry: The Senate Finance and Public Administration References Committee	Inquiry into AHPRA, including capacity, performance, impact, financial viability, and other matters
2014	Independent Review of the National Registration and Accreditation Scheme (NRAS) for health professionals – The Snowball Review	Review of NRAS, including the effectiveness of its governance, and the role/functions of AHPRA
2014	Victorian Legislative Council Legal and Social Issues Legislation Committee	This inquiry examined AHPRA's performance, including 'cost effectiveness' and the 'regulatory efficacy of and the ability of the National Scheme to protect the Victorian public'
2015/2016	The Senate Legal and Constitutional Affairs References Committee	This inquiry into a national registration system for paramedics includes asking 'whether a system of accreditation should exist nationally and, if so, whether the Australian Health Practitioners Regulation Agency is an appropriate body to do so'
2016	The Senate Community Affairs References Committee	Medical complaints process in Australia. This inquiry into the medical complaints process includes examining the role of AHPRA 'in managing investigations into the professional conduct (including allegations of bullying and harassment), performance or health of a registered medical practitioner or student'
2016/17	The Senate Community Affairs References Committee	Complaints mechanism administered under the Health Practitioner Regulation National Law. This inquiry includes investigating the role of AHPRA in the complaints system, including 'in addressing concerns within the medical profession with the complaints process'
2017	Senate Estimates Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions	Independent Reviewer Professor Michael Woods commissioned by the Australian Health Ministers' Advisory Council. This review of accreditation systems within NRAS included consideration of governance structures, efficiency and effectiveness, and the role of AHPRA

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Year	Parliamentary Event	Key Issues Raised
2018-19	Review of confidentiality safeguards for people making notifications about health practitioners	AHPRA requested that the National Health Practitioner Ombudsman and Privacy Commissioner conduct an independent review. This review included examination of AHPRA policies for managing confidential and anonymous notifications/complaints
2022	The Senate Community Affairs References Committee. Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law	Vexatious complaints This inquiry examined the administration of registration and notifications by AHPRA, including current standards, the adequacy and suitability of arrangements, AHPRA timelines, and other matters
2022/23	Independent review of Australia's regulatory settings relating to overseas health practitioners – The Kruk Review	National Cabinet commissioned an independent review led by Ms Robyn Kruk. This review into regulatory settings for overseas health practitioners includes consideration of 'streamlining existing competent authority pathways to registration and extending these to more health professions'
2023	Senate Estimates	Social-media regulation
2024	Review of AHPRA's Framework for identifying and managing vexatious notifications. AHPRA invited the National Health Practitioner Ombudsman, Ms Richelle McCausland, to conduct an independent review	The review 'considered whether [AHPRA's] Framework has been effective and if it has had any unintended consequences'
2024/2025	Independent review of complexity in the National Registration and Accreditation Scheme. Ms Sue Dawson was appointed as the independent reviewer after Commonwealth, state and territory health ministers agreed to an independent review	This review 'is to identify areas of unproductive and unnecessary complexity within the National Scheme and recommend changes that will improve regulatory outcomes for health practitioners and the community'
2025	Senate Estimates	Gender-affirming care
2026	Senate Estimates	Amos & Spencer matters

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