Thursday, 18 June 2026

Chief Executive Officer

Justin Untersteiner

Australian Health Practitioner Regulation Agency

Dear Chief Executive Officer,

Re: Concerns Regarding AHPRA's Social Media Guidance and the Expanding Regulation of Lawful Public Expression

I write to express concern regarding AHPRA's current approach to regulating health practitioners' social media activity and public expression, particularly as reflected in its Social Media Guidance and associated professional conduct standards.

My concern is not with AHPRA's role in protecting patients from unsafe practice, misleading health information, breaches of confidentiality, fraud, or other forms of professional misconduct. These functions are essential to maintaining public safety and confidence in the health system.

Rather, my concern is that AHPRA's current framework appears to extend regulatory oversight beyond the protection of patients and into the regulation of lawful public discourse, creating uncertainty for practitioners and raising important questions regarding freedom of expression, scientific debate, procedural fairness, and the proper limits of regulatory authority.

AHPRA's Social Media Guidance states that practitioners will not be investigated merely for holding or expressing personal views. However, the same guidance indicates that regulatory action may be considered where public expression risks public confidence in the profession or where action is considered necessary to maintain professional standards.

It is this aspect of the guidance that raises significant concerns.

Unlike established forms of professional misconduct, such as breaches of patient confidentiality, unsafe clinical practice, fraudulent conduct, or sexual boundary violations, the concept of "public confidence in the profession" is inherently subjective and difficult to define with precision.

The guidance does not clearly explain whose confidence is being assessed, how such confidence is measured, or what objective threshold must be met before lawful speech becomes a matter for regulatory intervention.

In a pluralistic society, opinions on many matters of public importance differ substantially. Statements that cause some individuals to lose confidence in a practitioner may simultaneously increase the confidence of others. This is particularly true in areas of active public debate, evolving scientific evidence, or contested health policy.

The result is a regulatory standard that appears vulnerable to inconsistent interpretation and application.

A further concern arises from the distinction between protecting the public from demonstrable harm and protecting the reputation of a profession.

The primary purpose of professional regulation should be the protection of patients and the public from unsafe practice. By contrast, regulating speech on the basis that it may affect perceptions of a profession risks shifting the regulator's role from safeguarding public safety to managing public opinion.

These objectives are not necessarily aligned.

History demonstrates that professional progress often depends upon practitioners being willing to question prevailing assumptions, challenge accepted practices, and engage in robust public debate. Many views that were once considered controversial or contrary to professional consensus later proved to be well-founded.

A regulatory framework that creates uncertainty around the expression of lawful professional opinions may unintentionally discourage open scientific inquiry and legitimate professional disagreement.

I am also concerned by the apparent breadth of the notification process as it applies to social media activity.

Traditional professional complaints generally arise from a therapeutic relationship, direct observation of clinical conduct, or evidence of harm to patients. Social media complaints may arise from individuals who have never been treated by the practitioner, have no professional relationship with the practitioner, and have suffered no direct harm.

This raises important questions regarding standing, proportionality, and the appropriate use of regulatory resources.

Where no patient is involved, no confidentiality has been breached, no misleading clinical advice has been provided, and no evidence of actual harm exists, it is unclear why a regulatory investigation should be triggered solely because an individual objects to a practitioner's lawful expression of opinion.

The potential consequences of such investigations should not be underestimated.

Even where no adverse finding is ultimately made, the existence of an investigation can impose significant financial, professional, and psychological burdens on practitioners. Legal expenses, reputational damage, professional uncertainty, and prolonged stress are often experienced long before any final determination is reached.

AHPRA itself has publicly acknowledged the impact that regulatory processes can have on practitioner wellbeing. For this reason, the threshold for initiating investigations into lawful public expression should be carefully considered and clearly justified.

In light of these concerns, I respectfully request that AHPRA provide clarification regarding the following matters:

1. How does AHPRA objectively assess whether public confidence in a profession has been affected?
2. What evidence is required before lawful public expression is considered sufficiently serious to warrant regulatory intervention?
3. How does AHPRA distinguish between public safety concerns and mere disagreement with a practitioner's views?
4. What safeguards exist to prevent the complaints process from being used to suppress legitimate scientific, professional, or policy debate?
5. Does AHPRA consider the absence of patient harm, patient involvement, or a therapeutic relationship when determining whether a social media complaint should proceed?

6. Has AHPRA undertaken any review of the potential chilling effect that social media investigations may have on professional discussion and public participation by registered health practitioners?
7. What limits does AHPRA recognise on its authority to regulate lawful speech occurring outside the clinical setting?

These questions are not raised in opposition to professional accountability. Rather, they arise from concern that the boundaries between patient protection, professional regulation, and regulation of lawful public discourse may be becoming increasingly blurred.

Public confidence in health professions is strengthened not only by professional standards, but also by transparency, open debate, intellectual diversity, and confidence that regulators will exercise their powers in a manner that is proportionate, predictable, and firmly connected to the protection of patients.

I would welcome AHPRA's response to these concerns and any information regarding current or future reviews of its social media regulatory framework.

Kind regards,

Dr Elizabeth Caballero Pastor

Retired General Practitioner
National President, Women Speak Australia
President, Women Speak Tasmania