13 July 2026

Dr Elizabeth Caballero
By email only: [redacted]

Private and Confidential

Dear Dr Caballero

Your complaint about Ahpra (COM 015838)

I refer to your online complaint and email to Ahpra's CEO, both received on 18 June 2026, in which you raise concerns about current social media guidance for registered health practitioners.

Your complaint was referred to Ahpra's National Complaints Team for response. Thank you for your patience while we investigated your complaint.

From the information provided in your complaint, I understand your specific concerns to be:

- you are concerned that Ahpra's current social media guidance 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 around 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.
- 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.
- 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.
- you respectfully request clarification regarding the following matters:
    - How does AHPRA objectively assess whether public confidence in a profession has been affected?
    - What evidence is required before lawful public expression is considered sufficiently serious to warrant regulatory intervention?
    - How does AHPRA distinguish between public safety concerns and mere disagreement with a practitioner's views?
    - What safeguards exist to prevent the complaints process from being used to suppress legitimate scientific, professional, or policy debate?
    - Does AHPRA consider the absence of patient harm, patient involvement, or a therapeutic relationship when determining whether a social media complaint should proceed?

- 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?
- What limits does AHPRA recognise on its authority to regulate lawful speech occurring outside the clinical setting?

Thank you for the opportunity to address these concerns, and to provide you with further information about the Social Media Guidance published by the National Boards.

Social media guidance for health professionals

All registered practitioners must comply with the relevant Board's registration standards and the codes and guidelines which set expectations around professionalism, respectful and culturally aware practice, clear communication with patients, and informed consent. For example, all medical practitioners are expected to comply with the Board's *Good medical practice: a code of conduct for doctors in Australia*.

The National Boards' social media guidance applies to all registered health practitioners. It sets out how allegations of inappropriate use of social media, such as possible threats or slander, are treated under the National Law and provides guidance on when a social media post is likely to breach professional obligations.

In February 2025, Ahpra and the National Boards reminded registered health practitioners using social media of their obligations under their codes of conduct and ethics to provide care that is free of discrimination and racism, and that social media activity that projects these views has potential to impact public safety and risk the public's confidence in seeking healthcare.

This guidance makes clear that Ahpra and the National Boards recognise the freedom of expression for practitioners and their right to communicate, including advocating for causes via social media, provided their activities do not involve the abuse or discrimination of others, or present a risk to the public. It states that registered practitioners will not be investigated purely for holding or expressing their views on social media. However, there is no place for *discrimination, racism or intolerance* in healthcare, including on social media.

Specifically, the guidance advises that practitioners can meet their social media obligations by:

- complying with confidentiality and privacy obligations
- complying with professional obligations as defined in their Board's Code of conduct
- maintaining professional boundaries
- communicating professionally and respectfully, and
- not presenting information that is false, misleading or deceptive, including advertising only claims that are supported by acceptable evidence.

Concerns raised with us about registered health practitioners

National Boards do not seek to regulate lawful speech outside the clinical setting, but they are obligated under the National Health Practitioner Regulation Law to consider any concerns raised with Ahpra about a registered practitioner that suggest the practitioner is not meeting the standards set for their profession by the relevant Board.

Assessment or investigation of concerns raised about to a health practitioner's performance or conduct is conducted by the relevant Board, with administrative support from Ahpra. The basis on which a Board makes its assessment can be found in the registration standards, codes and guidelines that are published on the Board website for each regulated profession.

In terms of how individual notification matters are assessed and the information that may be considered in relation to possible breaches of the social media guidance, every regulatory matter is reviewed by the Board on a case by case basis and there is no standard approach that applies to a specific group or cohort of notification matters.

Where a concern is not found to be substantiated or to provide evidence of a breach of a practitioner's professional obligations, it can be closed without further action or assessment.

Concerns that engage the Board's obligations progress to assessment. Following assessment, the Board can decide to open a formal investigation if, having reviewed the concerns and any relevant information, it determines that further information is required. The threshold for investigation is high and generally indicates a serious concern with direct relevance to the Board's obligation to protect the public has been identified.

As with all notification matters, it is not possible to know in advance the outcome of an investigation because that is based on the specific information and evidence obtained in relation to the concerns and the Board's review of the matter.

However I can reassure you that Board decisions are evidence based and the Board will only consider regulatory action when it has identified a significant ongoing risk that requires its intervention and cannot be managed in any other way. In cases where regulatory action is proposed, the practitioner who is the subject of the proposed action has the opportunity to make a submission and provide any relevant information they would like the Board to take into consideration.

You can read more about how concerns raised with Ahpra about health practitioners are managed, including possible outcomes, on our website ('How we manage concerns').

Thank you for taking the time to raise this matter with us. I hope that this information has helped to explain how concerns about health practitioners are managed and the information available for practitioners to help them comply with the National Boards' social media guidance.

While I hope that this response has helped to address your complaint, if you remain concerned about this issue you can make a complaint to the National Health Practitioner Ombudsman. You can find out more about the Ombudsman's service at www.nhpo.gov.au and you can contact the Ombudsman by email at complaints@nhpo.gov.au or by phone on 1300 795 265.

Yours sincerely

Juliet

Complaints Officer