

**Question on notice no. 6**

**Portfolio question number: Ahpra-2024.044**

**2024-25 Budget estimates**

**Community Affairs Committee, Australian Health Practitioner Regulation Agency Portfolio**

**Senator Ralph Babet:** asked the Australian Health Practitioner Regulation Agency on 17 June 2024—

(6.Can AHPRA please provide an update on the number, by state and territory, of medical practitioners who have had conditions imposed on their registration because of public comments made in relation to COVID-19 vaccines OR in relation to notices that medical practitioners allegedly 'went against public health messaging and/or contributed to vaccine hesitancy" and detail for each individual practitioner the length of time the condition will remain imposed and recorded on their record within the register of medical practitioners?

7.How many COVID-19 vaccine related notifications has AHPRA or the Boards investigated since the March 2021 statement was superseded (11th December 2023) and can AHPRA explain why they are continuing to investigate notifications related to doctors discussing COVID-19 vaccine adverse events despite the superseding of this statement?

8.Given that discussing facts about COVID-19 vaccine safety and adverse events is plainly not unprofessional conduct, why is AHPRA continuing to investigate notifications about doctors discussing adverse events instead of swiftly dealing with and dismissing these as vexatious complaints using the low-level notification triage initiative announced by Medical Board of Australia chair Dr Anne Tonkin at the AMA conference in July 2022?

9.What is the total cost for legal action by the National Boards or AHPRA conducted by Ahpra's National Legal Practice in relation to conduct or mis-conduct pertaining to COVID-19 vaccines?

10.How many medical practitioners have been deregistered for speaking out about the dangers of COVID-19 vaccines?

11.How many practitioners in total, have received a notification about commenting, sharing or 'liking' social media content that warns of the potential dangers of COVID-19 vaccines or content that is not supported by best available scientific evidence relating to COVID-19 vaccines?

12.CURRENTLY what is the best available scientific evidence that APHRA rely upon to inform their decision making when investigating notification complaints about medical practitioners in relation to the safety and efficacy of COVID-19 vaccines?

13.Were Medical Practitioners encouraged at ANY TIME by AHPRA to promote that COVID-19 vaccines would prevent transmission of the SARS-COV-2 virus in the community and/or reduce the risk of infection in the community?

14.I have been made aware of a notification recently provided to a specialist medical practitioner, wherein AHPRA had engaged a transcription service to transcribe a number of interviews this doctor had participated in which related to discussing

adverse events from the COVID-19 vaccines. Can you please provide a figure of the cost for dealing with and investigating all COVID-19 vaccine related notifications, including a breakdown of the following:

a.staff hours,

b.transcription services

c.legal fees for advice and representation for all notifications, appeals, investigations and tribunal or

d.Administrative activities and any other costs related to the investigation of COVID-19 vaccine related notifications.

15.When triaging AHPRA notifications and considering the allocation of resources what would be the priority be for AHPRA to investigate (or not to investigate) based upon the below examples. Give your answer in order of priority for investigation:

a.Scenario A - a notification from a member of the public about a registered medical practitioner who was offering cosmetic surgery quick fixes on weekends in a fast clinic where patients may be pressured into consenting to a medical procedure add on or missing out on the appointment all together

b.Scenario B - a notification about a medical practitioner who was describing the potential for adverse events such as myocarditis or pericarditis arising from mRNA COVID-19 vaccines on social media

c.Scenario C - a notification about a medical practitioner who was describing persons who had suffered a neurological injury within a short period of time post vaccination with a group of people at a medical conference where he detailed his concerns about the novel COVID-19 mRNA vaccines?

16.In respect of public health messaging about the safety and efficacy of COVID-19 vaccines is a Medical Practitioner obliged to warn patients in a clinical setting, about the possible adverse effects of a novel COVID-19 vaccine in order for the patient to give fully informed consent to the procedure? Is this consistent with the code for Medical Practitioners? Can a medical practitioner share those same concerns on social media?

**Answer —**

Please see attached answer.

## **Senate Committee: Community Affairs Committee**

### **QUESTION ON NOTICE**

#### **Budget Estimates 2024-2025**

**Question Subject:** Covid-19 related notifications – medical practitioners

**Type of Question:** Written

**Senator:** Ralph Babet

#### **Questions:**

**Q.6.** Can AHPRA please provide an update on the number, by state and territory, of medical practitioners who have had conditions imposed on their registration because of public comments made in relation to COVID-19 vaccines OR in relation to notices that medical practitioners allegedly ‘went against public health messaging and/or contributed to vaccine hesitancy’ and detail for each individual practitioner the length of time the condition will remain imposed and recorded on their record within the register of medical practitioners?

#### **Answer:**

There is only 1 practitioner who currently has a condition on their registration. The reason for the condition is not limited to the practitioner’s comments or notices that were contrary to public health information. The investigation of this practitioner is ongoing.

**Q7.** How many COVID-19 vaccine related notifications has AHPRA or the Boards investigated since the March 2021 statement was superseded (11th December 2023) and can AHPRA explain why they are continuing to investigate notifications related to doctors discussing COVID-19 vaccine adverse events despite the superseding of this statement?

#### **Answer:**

20 health practitioners have had investigative steps taken in relation to COVID-19 related matters after December 2023. All but one of these investigations were underway before December 2023.

The single instance of an investigation commencing post December 2023 related to the administration of expired COVID vaccines.

None of the practitioners have been under investigation solely because of statements made about vaccines.

**Q8.** Given that discussing facts about COVID-19 vaccine safety and adverse events is plainly not unprofessional conduct, why is AHPRA continuing to investigate notifications about doctors discussing adverse events instead of swiftly dealing with and dismissing these as

vexatious complaints using the low-level notification triage initiative announced by Medical Board of Australia chair Dr Anne Tonkin at the AMA conference in July 2022?

**Answer:**

Ahpra is not investigating notifications that relate to discussion of facts about COVID-19 vaccine safety or adverse events.

**Q.9** What is the total cost for legal action by the National Boards or AHPRA conducted by Ahpra's National Legal Practice in relation to conduct or mis-conduct pertaining to COVID-19 vaccines?

**Answer:**

For the purpose of responding to this question, we have only included the total external legal cost of those finalised, disciplinary referrals to tribunals that relate solely to covid vaccines. This does not include costs associated with Ahpra legal staff involved in any matter.

We cannot calculate the final, total cost for disciplinary referrals that are ongoing, nor can we accurately apportion the legal cost that would be attributable to allegations relating to Covid vaccines when the disciplinary referral contains allegations relating to multiple issues.

The total external legal cost to date of the one finalised disciplinary referral relating solely to Covid-19 vaccines is \$5,506.

**Q.10** How many medical practitioners have been deregistered for speaking out about the dangers of COVID-19 vaccines?

**Answer:**

None. Only a Tribunal or Court can cancel the registration of a medical practitioner.

In relation to medical practitioners, the Medical Board can take immediate action to suspend a doctor's registration when there are grounds to do so. No medical practitioners have been suspended solely for the reason you describe. Suspension of a practitioner's registration is an interim measure to ensure public protection whilst further investigation of the concerns takes place. Practitioners do not remain 'permanently' suspended.

**Q.11** How many practitioners in total, have received a notification about commenting, sharing or 'liking' social media content that warns of the potential dangers of COVID-19 vaccines or content that is not supported by best available scientific evidence relating to COVID-19 vaccines?

**Answer:**

We are unable to provide data that meets the criteria as framed in your question.

**Q.12** CURRENTLY what is the best available scientific evidence that APHRA rely upon to inform their decision making when investigating notification complaints about medical practitioners in relation to the safety and efficacy of COVID-19 vaccines?

**Answer:**

Our advice to registered health practitioners about COVID-19 and vaccinations has always been – and continues to be – based on the public health guidance that has been issued by the Commonwealth, states and territories, and the advice of ATAGI and the TGA.

When investigating notifications about medical practitioners in relation to Covid-19 related concerns, Ahpra and the Medical Board investigations are informed by the requirements of the National Law, the Medical Board's good medical practice (the Board's Code of Conduct) which describes what is expected of all doctors registered to practise medicine in Australia, relevant Commonwealth and state legislation, and published decisions from tribunals that establish behaviour that is determined to be professional misconduct.

**Q.13** Were Medical Practitioners encouraged at ANY TIME by AHPRA to promote that COVID-19 vaccines would prevent transmission of the SARS-COV-2 virus in the community and/or reduce the risk of infection in the community?

**Answer:**

If providing information about vaccination or immunisation, registered health practitioners are expected to use the best available evidence and participate in efforts to promote the health of communities.

**Q.14** I have been made aware of a notification recently provided to a specialist medical practitioner, wherein AHPRA had engaged a transcription service to transcribe a number of interviews this doctor had participated in which related to discussing adverse events from the COVID-19 vaccines. Can you please provide a figure of the cost for dealing with and investigating all COVID-19 vaccine related notifications, including a breakdown of the following:

- a. staff hours,
- b. transcription services
- c. legal fees for advice and representation for all notifications, appeals, investigations and tribunal or
- d. Administrative activities and any other costs related to the investigation of COVID-19 vaccine related notifications.

**Answer:**

We are unable to provide costs broken down by staff hours or administrative activities for specific types of notifications. We do not attribute costs to individual matters in this way.

Transcription services costs are also not separated according to the type of notification. For medical practitioners in FY2023/24, total transcription costs were around \$13,000.

Total external legal costs for of the one finalised disciplinary referral relating solely to Covid-19 vaccines is \$5,506.

**Q.15** When triaging AHPRA notifications and considering the allocation of resources what would be the priority be for AHPRA to investigate (or not to investigate) based upon the below examples. Give your answer in order of priority for investigation:

- a. Scenario A - a notification from a member of the public about a registered medical practitioner who was offering cosmetic surgery quick fixes on weekends in a fast clinic where patients may be pressured into consenting to a medical procedure add on or missing out on the appointment all together

- b. Scenario B – a notification about a medical practitioner who was describing the potential for adverse events such as myocarditis or pericarditis arising from mRNA COVID-19 vaccines on social media
- c. Scenario C - a notification about a medical practitioner who was describing persons who had suffered a neurological injury within a short period of time post vaccination with a group of people at a medical conference where he detailed his concerns about the novel COVID-19 mRNA vaccines?

**Answer:**

All notifications are assessed according to their individual merits and circumstances to determine if they reach the threshold requiring an investigation or regulatory action.

**Q.16** In respect of public health messaging about the safety and efficacy of COVID-19 vaccines is a Medical Practitioner obliged to warn patients in a clinical setting, about the possible adverse effects of a novel COVID-19 vaccine in order for the patient to give fully informed consent to the procedure? Is this consistent with the code for Medical Practitioners? Can a medical practitioner share those same concerns on social media?

**Answer:**

All National Boards expect registered health practitioners to use their professional judgement and the best available evidence in practice to help their patients make safe and informed choices. This includes when providing information to their patients about public health issues such as COVID-19 vaccination and immunisation, to ensure informed consent. Informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved.

If providing information about vaccination or immunisation, medical practitioners are expected to use the best available evidence and participate in efforts to promote the health of communities. This expectation applies regardless of the context in which the information is provided (e.g. in clinical practice, academic settings, public or private forums, social media – including both private and professional accounts – or advertising).

For more information: <https://www.ahpra.gov.au/Resources/COVID-19/Vaccination-immunisation-information.aspx>