



17 February 2025

Apolline Kohen
Committee Secretary
Standing Committee on Community Affairs
References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Via email: community.affairs.sen@aph.gov.au

Ahpra response to QoN from appearance Inquiry into Access to diagnosis and treatment for people in Australia with tick-borne diseases (the Inquiry)

Dear Ms Kohen

Thank you for providing the proof Hansard transcript of evidence for the Committee's hearing in Canberra on 29 January 2025 where Mr Matthew Hardy, National Director of Notifications, Regulatory Operations, Ahpra gave evidence before the Committee.

As recorded in the transcript, Mr Hardy agreed to take questions on notice (QoN). Our response to the QoN is attached. My apologies for the short delay in submitting this to you.

We appreciated the opportunity to appear before the Committee and assist its Inquiry and look forward to the Committee's report. If you have any further questions, please contact Andrea Oliver, Program Manager, Government Relations via email:

Sincerely

Kym Ayscough

Acting Chief Executive Officer

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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.

Attachment

Ahpra responses to Questions on Notice per transcript

Q.1 Data on complaints received that are tick-borne related (transcript page 64)

Senator REYNOLDS: Just on that, can you take on notice, please, for the committee how many complaints you've received that are tick-borne related and how many were pursued, and can you also say who the complainants were: were they other medical practitioners, or were they actual patients?

Also, were any of these related to treatment that people may have been referred to from overseas—because we've had a lot of evidence that people go overseas and get treatments that they can't access here and that doctors here, perhaps even some of the specialists that you seek, don't understand or don't agree with the treatment that people receive overseas? I'm not saying they're right or wrong, but if you could unpack that for us and provide the data I think that would be very helpful, to have a look at the actual numbers and the origins of that.

Mr Hardy: Yes, Senator.

Answer:

When concerns are raised with us about the health, conduct or performance of a registered health practitioner, we refer to them as notifications as this is the term used in the National Law. All notifications are assessed but not all require regulatory action to be taken.

The number of notifications received relating to tick-borne viruses is relatively low. We have identified 17 notifications received since 1 July 2016 relating to tick-borne diseases. For context, we receive more than 11,000 notifications per year.

Of the 17 notifications received:

- 15 were made by patients, their representatives or members of the public, and
- Two were raised by other medical practitioners.

Most of the issues raised by patients or their representatives related to concerns about misdiagnosis, unnecessary treatment, or overservicing.

We did not identify any notifications relating to patients seeking treatment overseas. However, one notifier did indicate in their notification that the practitioner had sent a sample of their blood work to Germany to confirm his diagnosis of Lyme disease.

Source of notification	Number of notifications received	Number of Practitioners
Patient / relative / member of the public	15	12
Other Practitioner	2	2
Grand Total	17	13

Note: One practitioner had notifications made about them by both a patient (or their representative) and another practitioner.

Q.2 Reasons for practitioners who have lost their licences or been reprimanded in relation to tick-borne diseases (transcript page 68)

Senator KOVACIC: Could I have then, on notice, the reasons given to the practitioners who have lost their licences or have been reprimanded in relation to tick-borne diseases?

Mr Hardy: Yes, of course. I think the question that you directed was around, in the absence of clinical guidelines, what other evidence the medical boards rely on when making a decision about whether treatment provided to a patient was safe. The evidence that I was giving to the Senate was that we'd seek to rely on independent opinions from practitioners who work in the area of infectious disease and from other independent practitioners who are from the same specialty groups as those practitioners who are providing the treatment. In each of the cases I can point to, the basis upon which the board has taken action is clearly set out in the proceedings before the tribunal in which that action has been reviewed or referred to.

Answer:

For context, under the National Law, only a state or territory Tribunal can take the decision to cancel a practitioner's registration (de-registration). Tribunals hear the most serious of matters that can result in a finding of professional misconduct. A Tribunal can also reprimand, prohibit a person from providing health services, and set a period of time that prevents a person from applying for registration (disqualification). A National Board can take regulatory action, including to caution a practitioner and place conditions on a practitioner's registration to protect the public.

There are two Tribunal decisions that are public that resulted in regulatory action being taken:

1. In January 2024, the Victorian Civil and Administrative Tribunal (VCAT) decided to reprimand Dr Geoffrey Kemp, prohibit him from providing health services, and disqualified him from applying for registration for a period of four years (until 2028). Dr Kemp was not registered at the time of the finding. Dr Kemp had several concerns referred to VCAT, which included concerns about the treatment of Lyme disease. In making its determination, VCAT found Dr Kemp engaged in professional misconduct in relation to his care of 17 patients between July 2007 and November 2017. Dr Kemp also acknowledged that his professional conduct constituted professional misconduct in that it was substantially below the expected standard of a practitioner with 55 years' experience and was conduct inconsistent with that of a practitioner who was fit and proper to be registered. Refer to [Medical Board of Australia v Kemp \(Review and Regulation\) \[2024\] VCAT 34 \(25 January 2024\)](#).
2. In August 2016, the State Administrative Tribunal of Western Australia (the WA Tribunal) made a finding against medical practitioner, Dr Almayne Du Preez. The concerns related to Dr Du Preez's treatment and management in March 2014 of a 17-year-old patient who was suspected of suffering from Lyme disease. The Tribunal decided to reprimand Dr Du Preez, and imposed conditions relating to the diagnosis and treatment of Lyme disease or any Lyme-disease like illness. The WA Tribunal was satisfied that the practitioner behaved in a way that constituted unprofessional conduct by reason of the practitioner's admissions and the evidence presented. Refer to [Medical Board of Australia v Du Preez \[2016\] VR 75 \(31 August 2016\)](#).

Regulatory action was taken by National Boards in relation to two other practitioners following an investigation of notifications that involved concerns relating to treatments and tick-borne diseases. Because these cases are not in the public domain, we can only share high-level information about the Board's decision making.

- One practitioner was cautioned by the Chiropractic Board of Australia for promoting and recommending treatment for tick-borne illness which was not evidence-based, and
- One practitioner had conditions imposed on their registration by the Medical Board of Australia. The conditions required the practitioner to practice under supervision, attend for mentoring and undergo an audit of their practice. This practitioner had several concerns raised about their performance, conduct and health, including but not limited to the diagnosis and treatment of Lyme disease.

Q.3 Source for complaints (transcript page 68)

Senator KOVACIC: Could I also have on notice where the complaints have come from? I'm making an assumption that there may be a group of complaints that may have come from the patient, but, where those complaints have not come from a patient, how has Ahpra come to know that something has been unsafe?

Mr Hardy: I think that also relates to the question from Senator Reynolds, and we will provide that on notice.

Answer:

Please refer to our response to Q.1 from Senator Reynolds that indicates the source of notifications are primarily from a patient / relative / member of the public and from other health practitioners.

Q.4 Proactive steps taken by Ahpra to educate its members about treating people with potential tick-borne diseases (transcript page 73)

CHAIR: My last question is to Mr Hardy. You noted earlier in one of your responses that you think—I don't want to put words in your mouth, but it was along these lines—that, because there have been some practitioners who have had actions taken against them in relation to potentially treating people for tick-borne diseases, there may be a perception out there that people can't do that. What proactive steps has Ahpra taken to educate its members about the fact that it is okay for them to be treating people with potential tick-borne diseases, notwithstanding the uncertainty around that, if they are taking a patient-centred approach?

Mr Hardy: It may be an area where more work needs to be done. What is required of us is that we publish decisions of tribunals in relation to practitioners who've been referred to the tribunal. What I would say is that there is an explanation of the basis for a referral to a tribunal and the basis upon which the tribunal has taken action and a copy of the tribunal's decision. What we probably have not done, which may be something that needs to be addressed, is publish other information around other instances where treatment or diagnosis by practitioners has been reviewed and deemed to be appropriate.

CHAIR: I think that it would be very good for Ahpra to take that on notice, because we've certainly heard in this inquiry—we've also heard in the menopause inquiry—the real chilling effect that can happen when there are decisions or studies that are later debunked. There needs to be a more proactive approach on the part of Ahpra to inform their practitioners.

Answer:

Unlike a professional association that has medical practitioners that are members and who advocate in the interests of their members; Ahpra and the National Boards regulate – in the public interest – registered health practitioners who are registrants under the National Registration and Accreditation Scheme. That said, we do also engage with and provide information and educative material to registrants and will consider if there is other information we may publish to example where treatment or diagnosis by practitioners including in relation to tick-borne illness has been reviewed and deemed to be appropriate.