

Consultation form

This form will assist you to make a submission to the National Health Practitioner Ombudsman (the Ombudsman) regarding her own motion investigation into delay and procedural safeguards for health practitioners subject to immediate action.

Completing this form

We have designed this form to be accessible for as many people as possible. Where the form offers a choice between multiple options, indicate your selection with an 'x'.

Space is provided to respond to the questions listed.

Please return your completed form by 5.00pm on Monday 31 March 2025 via email or post to:

Email: <submission@nhpo.gov.au>

Mail: National Health Practitioner Ombudsman, GPO Box 2630, Melbourne, VIC 3001

You can also contact us by phone if you have any questions or to make a verbal submission: 1300 795 265 (interpreter services: 131 450).

How will information I provide in this form be used?

Your submission will help the Ombudsman's investigation to understand more about how immediate action-related processes are working, and whether improvements are needed.

We will not disclose your personal information without your consent, except where required to do so by law. Your submission will not be published, and we will not share your submission with the Australian Health Practitioner Regulation Agency (Ahpra) or the National Boards.

You are not required to provide any personal information in order to make a submission to the Ombudsman. Where you choose to provide personal information, we may use it to seek clarification on your submission, or to request your consent to reproduce information contained in your submission as part of the Ombudsman's final report.

If you provide your contact details, we will provide an update when the investigation's report is published (based on your communication preferences) and if relevant, at other key progress points.

Our office is dedicated to ensuring appropriate protection of personal information. For more information about how we collect and handle personal information please review our [privacy policy](https://www.nhpo.gov.au/privacy-and-confidentiality) on our website: <www.nhpo.gov.au/privacy-and-confidentiality>.

If you have a question regarding the submissions process or your privacy, or if you would like to request alternative arrangements to provide a submission, please contact us using the details outlined above.

About you

Do you wish to remain anonymous?

You can make a submission anonymously. However, this means that we will not be able to contact you about your submission. Please note that if you choose to make your submission by email, we may be able to identify you from your email address. To remain anonymous, please post your submission.

Yes		No	x
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If **Yes**, please go to [‘Your submission’](#).

If **No**, please continue below.

Are you making a submission on behalf of an organisation/someone else?

I am making a submission on behalf of an organisation	
I am making a submission on behalf of another person	

If you selected one of these options, please continue below.

If none of these are applicable to you, please go to [‘Your contact details’](#).

Please fill out the details of the organisation or person on whose behalf you are making a submission

Organisation/Individual's name	
Please provide their contact details (if relevant)	

If you are making a submission on behalf of an individual, what is the nature of the relationship between you?

Please specify	
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Your contact details

This section is for your own contact details.

What is your full name?

Dr William Anicha Bay

How would you prefer us to contact you?

Phone		Email	williamabay@gmail.com	Post		Other	
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Please provide your contact details based on your preference/s for communication (for example, your email address and/or phone number).

Are you, or have you been, a registered health practitioner?

Please select 'N/A' if you are making a submission on behalf of an organisation or individual.

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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If you selected 'Yes', please continue below.

If you selected an option other than 'Yes', please go to ['Your submission'](#).

Have you ever been subject to immediate action?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Your submission

The Ombudsman welcomes submissions from all individuals and organisations. In particular, the Ombudsman seeks to understand how immediate action-related processes are working in practice, and your experience or knowledge about:

- timeliness in the management of matters following immediate action being taken
- safeguards to ensure practitioners are treated fairly when immediate action is in place.

Where possible, please include relevant examples or data in your responses.

Please provide your responses to the following consultation questions.

1. Do you think Ahpra and the National Boards handle matters where a health practitioner is subject to immediate action in a timely way?

Please explain your answer. You may wish to explain what your expectations for timeliness are, and whether your expectations have been met.

I was suspended for 2 years and 4 months without a single patient complaint ever being received by Ahpra and or the Medical Board of Australia.

The investigation into five complaints about me lasted for years, then took many months to finally be referred to QCAT. By the time it got to QCAT; the corrupt, lawless, vindictive, unfair, animalistic way that I had been persecuted by Ahpra and the Board was confirmed in the matter of Bay v Ahpra & Ors [2024] QSC 315 and my suspension retrospectively undone. Hallelujah!! (All Glory to Jesus Christ).

I believe Ahpra used the s156 immediate action power to try to destroy and intimidate and silence me rather than to try to protect patient health and safety.

Ahpra and the Board's abuse of their s156 immediate action powers resulted in immense financial loss, the loss of my career, damage to my reputation, the expulsion from my specialist training program and the breakdown in my marriage to name but a few consequences of which I will be suing for.

2. Are you aware of any barriers to the timely finalisation of a matter where a practitioner is subject to immediate action?

Please explain your answer. If you identify any barriers, please describe whether you think these barriers relate to Ahpra and the National Boards' processes or are outside their control.

The entire system of National Law(s) is too convoluted for any but the most experienced KC barrister to understand and we cannot expect Ahpra investigators and admin officers to understand and appreciate that there are differences in the "National Law" across the different territorial jurisdictions of Australia.

The failure by Ahpra to understand this leads to many errors of law and makes it difficult for the correct laws and procedures to be applied to practitioners and for practitioner to even clarify or question which laws and sections are being used against them.

Ask yourself this one simple question: "What section of the "National Law" gives Ahpra and the Board their immediate action power?" You will have now realised that there are different answers to that question, and those answers depends on many factors including where a practitioner lives and where he/she practices. Difficult isn't it!

Thus, how then can Ahpra quote (and abuse the power of) a singular unified "National Law" and a singular national immediate action power to suspend or take other actions against health practitioners when no such singular law exists? The answer is they can't – Ahpra are immediately falling into jurisdictional error and all practitioners should sue Ahpra/the Boards in the courts for this reason.

3. Do you think improvements are needed to ensure matters are handled more quickly when a practitioner is subject to immediate action?

Please explain your answer. If you think improvements are needed, please describe the improvements you think would be beneficial.

Many improvements are needed. The suggested improvements are:

- 1) A time limit on the length of immediate action; the shorter the better. This will solve many of the problems as it will enable the matter to be heard before a tribunal or court as soon as possible and not lead Ahpra into the temptation of using the immediate action power as a punitive power instead of the protective power it is supposed to be.
- 2) Suspension, as an immediate action power, should only be exercised in the most serious of cases e.g. involving murder or attempted murder or rape, NOT in matters involving social media posts or disliked political speech (like mine where I protested the lack of informed consent being given to patients about the Covid-19 so-called vaccines).
- 3) There should be a mandatory review by an independent ombudsman or delegate to review each and every 'immediate action' action within 7-10 days to give some hope to those practitioners unlawfully affected that they might get a chance at a fair hearing. If procedural fairness concerns are discovered by this auditor – then the immediate action suspension should be immediately held over until a formal review is completed.
- 4) Regular reviews of both the investigation and immediate action should occur every 4 – 6 weeks to ensure that the immediate action is still necessary and is still the most appropriate mechanism

4. Do you think health practitioners are treated fairly when they are subject to immediate action?

Please explain your answer. You may wish to consider what you think it means to be treated fairly and whether this occurs/occurred.

No, they are clearly not treated fairly. Please read the judgement in Bay v Ahpra and Ors [2024] QSC 315. I had the State Manager of Ahpra (Ms Heather Edwards) making a complaint about me to herself (Ahpra) because I had been lawfully protesting her corrupt organisation (Ahpra). As if to make my protests and her corruption entirely visible and provable, she even directed in the complaint that the Office of the Health Ombudsman should return this (her) complaint back to Ahpra (her) so she could then refer it on to the Medical Board of Australia for “appropriate action”! Ha!

I also had the (former) Chair of the Medical Board, Dr Anne Tonkin colluding with a complainant (Dr Julian Rait and current Vice President of the AMA) to craft a complaint against me, then she actively bypassed normal review procedures within Ahpra and the Board and brought this (biased) complaint straight to the Immediate Action hearing (where I was not allowed to attend by the way) where she then (unfairly) sat as the head of that committee to (illegally) decide my terrible fate: immediate action suspension.

5. Do you think there are sufficient procedural safeguards for health practitioners who have had immediate action taken against them?

Please explain your answer. Existing procedural safeguards include the ‘show cause’ process and the ability to appeal a decision to take immediate action to a Tribunal. You may wish to consider whether certain procedural safeguards are effective.

No. The procedural safeguards are a complete mess. This is primarily because the tribunals are not a court of law and do not and cannot examine the lawfulness of the original decision. All the tribunals can do is a fresh (i.e. de novo) decision on the merits of the matter.

Proper procedural review needs to happen in a Chapter III (of the Commonwealth Constitution) court and/or by an independent auditor to ensure Ahpra is not abusing their powers.

Also, please note that the actions of Ahpra cannot be reviewed in the tribunal. It is only the merits of the practitioner’s conduct that is being reviewed, not the Board nor Ahpra’s.

In other words, the only avenue to get procedural fairness is to sue Ahpra and the Board in the Supreme Court of each jurisdiction (which I did) but this is a very costly and stressful option for most if not all practitioners.

6. Do you think reforms or additional procedural safeguards are needed for practitioners subject to immediate action?

Please explain your answer. If you answered 'Yes', please describe what reforms or additional procedural safeguards you think are necessary and why.

Yes – significant and timely reforms are needed to ensure procedural fairness in the immediate action process.

Because Ahpra has been abusing its power many practitioners have been unduly harmed, stressed, suicided, bankrupted and/or resigned and retired from the professions.

This is primarily because they see no hope at all in any fairness (or restraint) being applied to the immediate action powers of Ahpra and the Boards.

7. Please share any other information you think would be helpful to the investigation.

The very chair of the MBA and the very manager of Ahpra (Qld) were found to have acted profoundly unsatisfactorily in my immediate action suspension of 2 ½ years. If procedural unfairness and bias exists at the highest levels of these organisations, is it any wonder that day-to-day staff carry out their duties with systemic procedural unfairness to please their bosses?

This results in vindicate and punitive approaches to complaints and investigations, which are still ongoing, even to this very day (28 Feb 2025) where I am now being investigated for complaining about Ahpra. Perhaps even this very piece of feedback to your investigation will be used by Ahpra in their current complaint about me to themselves as themselves as the victim, jury, judge and (unlikely) executioner!

I think Ahpra and the Board need a code of conduct, regular audits, or (preferably) their complete destruction of their duties and regulatory structures in favour of a decentralised state based regulatory board(s) like we used to have in Australia prior to 2010. This judgment comes from both a victim, a doctor, a medical administrator, a taxpayer, and a God-fearing: winner.

Thank you for completing this form and your contribution to this investigation.

Access to support services

We recognise that responding to these questions may be challenging, particularly for practitioners who have been the subject of regulatory action. We encourage you to seek support if needed, including from your general practitioner or other relevant health practitioners. Further details for some available support services, including those designed to support health practitioners specifically, are provided below.

Lifeline

Call: 13 11 14 or visit: www.lifeline.org.au

Black Dog Institute

Designed by health professionals, for health professionals, The Essential Network (TEN) makes accessing support quick, easy and confidential.

Visit: www.blackdoginstitute.org.au/the-essential-network/about-ten

Drs4Drs

Drs4Drs has been established by the medical profession for the medical profession. Through a network of doctors' health advisory and referral services, independent, free, safe, supportive and confidential services are available across Australia.

Visit: www.drs4drs.com.au

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or [email us](mailto:submission@nhpo.gov.au) <submission@nhpo.gov.au>.

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