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Submission to the Australian Government Combatting Antisemitism, Hate and Extremism Bill 2026 (Exposure Draft)

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On behalf of:	RACS President
Supported by:	RACS Bi-National Trauma Committee, Health Policy and Advocacy Committee, Professional Standards
To:	Attorney-General's Department (and relevant portfolio agencies)
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1. Executive Summary

The Royal Australasian College of Surgeons (RACS) supports evidence-informed action to prevent antisemitism, hate-motivated violence and extremism, and its impact on surgical practice, and the perception of safety of patients being treated by their medical, surgical, and nursing staff. Some within the nursing and surgical staff may make disparaging antisemitic remarks or otherwise regarding individuals from various diverse backgrounds, that engender fear in members of the targeted group; consequently, all patients have an equal right to receive urgent medical attention regardless of race, colour, ethnicity etc. Surgeons working in specialty areas such as trauma, burns, plastics, maxillofacial, orthopaedic, vascular and acute/general surgery manage the downstream effects associated with interpersonal and ideological violence. Hate motivated violence presents as a consequence to the health care system as it is not just a criminal issue and does not just impact on the individual's ability to integrate and function within society; it is a continual and at times catastrophic cause of preventable death, disability, disfigurement and long-term utilisation of health care services. Hate motivated violence creates increased patient demand through emergency departments, operating rooms, ICU, and rehabilitation services, as well as the generation of fear among clinical staff, loss of staff, and the disruption of clinical services for all the patients treated. Our paper will examine the impact of the related documents available by the Federal Government of Australia, namely: *Explanatory Memorandum* (EM), *Combatting Antisemitism, Hate and Extremism Bill 2026* (Bill). The RACS has highlighted that the proposed Bill comprises five schedules and covers a range of areas: criminal law, migration, customs, firearms and transitional provisions.

Members of the Royal Australasian College of Surgeons comprise an incredibly diverse workforce, encompassing over 7000 surgeons and trainees from various cultural, ethnic, religious and national backgrounds. There are numerous specialist international medical graduates (SIMG's) and internationally trained surgeons, who play a vital role in providing surgical and trauma services within Australia. The provisions set out in Schedule 1 that relate to conduct which may "menace, harass or offend" may impact surgeons from diverse background, as well as the expounded migration character grounds set out in Schedule 2, presenting a potential risk to SIMG's and international surgeons. Therefore, it is necessary to ensure the application of both provisions is proportionate, so as not to adversely impact workforce stability, procedural fairness, and the ability to continue to provide safe patient care.

When examining the Bill, RACS will focus on the following:

- **Schedule 4** sets out a national gun buy-back scheme in response to the "antisemitic terrorist attack at Bondi Beach on 14 December 2025" (Bill, p. 56).
- **Schedule 1** introduces new aggravated sentencing factors for Commonwealth offences motivated by hatred, into the *Crimes Act 1914 (Cth)*. In addition, it provides an increased penalty for the use of postal or similar services "to menace or harass or cause offence" (Bill, p. 7). Furthermore, it introduces an aggravated offence where a Carriage Service (CS) is used for the transmission of violent extremist material and the offender targets children, or is reckless to the possibility of targeting children (Bill, p. 33; EM, p. 152).
- **Schedule 2** expands on the Migration legislation character grounds relating to "spreading hatred and extremism" (Bill, pp. 44-45).
- **Schedule 3** strengthens Customs prohibitions on commercial quantities of violent extremist material, hate symbols and other objectionable goods, by removing the commercial quantity thresholds from these goods (Bill, pp. 16-18; EM, pp. 101-102).
- **Schedule 5** provides for transitional rules and the making of rules, with limited exceptions to Legislation Act non-retrospectivity provisions (Bill, p. 50; EM, pp. 4-5).

In terms of trauma systems and surgical approaches, and with potential to decrease the incidence of catastrophic injury (particularly with high-risk targeted markets being firearms, along with opinionated extremist propaganda, driving the causes of catastrophic injury), this Bill contains solutions. However, it is still mostly presented in a manner that focuses on the law, justice and protection of the community. It also has not yet taken into consideration important health system associated parameters (e.g. Trauma Registries, if hospitals are capable of treating traumatic injuries, hospital surge capacity, many surgeries associated with trauma can cause long-term deformities/disabilities, workforce safety, and workforce commitment). More is required for holistic support from RACS of the implementation, evaluation and review of the Solutions. Therefore, RACS will demonstrate support for the objectives of this Bill as well as several of the objectives of the major components of the Bill, along with the recommendations for changes and additional activities to ensure the Solutions are trauma informed, clinically implementable and evaluated by measuring results that are important to patients and to the resilience of our Healthcare system.

The recommendations made by surgeon in the field reflects the opinion of many members of the RACS Community. It recognises that although the legislation aims at religious leaders as an influence in society, it is necessary that the legislation also include and identify all professions that can be entrusted to have great influence including, but not limited to, educators, academic researchers, and those in leadership roles of trusted professions. Additionally, this view also includes explicitly identifying conduct that disrupts members of our community from participating fully in society by denying access to predetermined goods and services such as education, healthcare, and employment. Surgeons feel a strong obligation, ethically, to provide to all in Australia and Aotearoa New Zealand safe and equal access to healthcare; and as a result, any acts of intimidation or conduct by healthcare workers that place patients at risk or who feel

threatened by a healthcare worker in their healthcare environment should be addressed and protected in the legislation.

Furthermore, there was also concern about the inconsistency and unnecessary broadness of the exemption that permits the quoting of religious scripture to justify or promote violence. This is particularly important when considering the views of some that violence can be justified regardless of the source of that violence, when the source of that violence incites harm to others. Finally, there was a consensus in support of firearm buyback programs, but surgically trained professionals underscored the importance of having consistent, enforceable legislation at the federal level, clearly outlined penalties for non-compliance, an effective information exchanging system between jurisdictions regarding compliance and enforcement, and standardised regulations regarding the storage and use of firearms as well as the completion of medical, psychological, and eligibility assessments to mitigate preventable injuries and death.

RACS endorses the implementation of evidence-based firearm control as a critical strategy for preventing injuries and diseases, observing that many surgeons and their trainees treat the horrendous and frequently permanent repercussions of trauma from gun violence (potentially imparting the mental wellbeing of surgeons, patients and their families), which creates significant pressure on emergency medicine, trauma care services, operating theatres, ICUs, rehabilitative services and even long-term care facilities. According to RACS, firearm trauma susceptibility can be avoided with sufficient government action directed at establishing effective regulations that apply uniformly across all regions in our country based on sound medical and public health principles: specifically, through governmental enactments requiring comprehensive background checks and other forms of verification prior to firearm acquisition; providing a cash-for-gun buyback program or a mechanism for removing guns from the community; creating an improved database for monitoring all incidents of firearms causing injury or death; and regularly soliciting input from health care professionals regarding the development and implementation of regulations. Moreover, there is evidence that effective regulation of firearms will ultimately lead to fewer instances of violent crime, resulting in safer communities and ultimately creating a more effective health care delivery system. As a result, RACS is committed to providing its members (surgeons) with clinical expertise and advocacy to help bring about real changes in the way firearms are regulated to help reduce the burden of needless harm inflicted by gun violence on the health care delivery system. (RACS Position paper on Guns Trauma Prevention 2017).

Due to the "antisemitic terrorist attack at Bondi Beach on 14 December 2025”, the surgical community in New South Wales (NSW) are at the forefront of treating the traumatic injuries which have occurred as a result of the use of firearms. The RACS NSW Trauma Committee has reflected on this horrific event and after a great deal of consideration, would like to put forward a proposal for a statutory prohibition on the acquisition of firearms by any member of the metropolitan area of NSW, unless that individual can demonstrate a legitimate reason for doing so, such as participation in sporting or law enforcement activities. Therefore, we must be more aggressive in our efforts to reduce the rate of morbidity and mortality resulting from the use of unlawful firearms in our community.

2. About RACS and the Surgical/Trauma Context

The Royal Australasian College of Surgeons (RACS) is the peak professional organisation to establish and maintain surgical education, training and surgical standards throughout Australia and Aotearoa New Zealand. The provision of surgical care by RACS Fellows and RACS Trainees occurs in hospital systems (both public and private) where the care of critically injured patients is provided by trauma specialists at major trauma hospitals and many rural hospitals where workforce capacity is very limited. The RACS Trauma Committee has members with considerable expertise in

the field of trauma and a direct responsibility to improve the quality, prevention and capacity of trauma systems across jurisdictions. Therefore, RACS has an interest in the issues surrounding hate crime legislation and other issues of extremism because the RACS provides surgical care to the victims of these violent crimes and is involved in treating patients with significant, complex and life-changing injuries, including those that require immediate and highly coordinated surgical care and extensive support and rehabilitation. Furthermore, victims are not the only ones affected by hate crime legislation; hospitals and their clinical employees may also experience threats, intimidation and harassment from patients and their families, which can jeopardise both their ability to continue providing quality patient care and their ability to maintain the workforce; both of which are patient safety issues. Therefore, RACS will, in this submission, focus on the highest-impact provisions of this proposed legislation and how these will impact the surgical practice of RACS Fellows and RACS Trainees while still allowing surgeons to provide the safest possible trauma care, continue offering patients quality and timely service and ensure the healthcare workforce remains fully supported.

3. Hate-Motivated Violence as a Surgical and Public Health Issue

Hate-motivated violence, based on our understanding of trauma, has some of its own unique patterns of injury. Hate-motivated violence tends to have a target (often someone "different"), to terrorise and/or humiliate those being attacked, and to cause permanent physical deformity/disability. Hate-motivated acts may include group assault, weapon assault (e.g. firearms or knives), coordinated assaults, arson, improvised explosive/flammable violence (e.g. acid or Molotov cocktails), and intentional mutilation. In all cases, the injuries sustained and types of medical care required translate into a distinct set of surgical injury profiles. In such cases, some of the most common surgical injury profile to be seen would be one with a mix of complex facial fractures, ocular damage from gunshots, penetrating injuries to the chest, abdomen, neck and groin/forearm, and major orthopaedic injuries like pelvic fractures and crush injuries. Victims may also have spinal cord injuries and lifelong disabilities related to their spinal cord and/or spinal column, as well as burn and/or chemical injuries that can require specialty burn care, multiple debridement/grafts, and long-term scar treatment. The effect on victims of such injury not only includes immediate need for acute care, but victims of such injury may also require years of reconstructive surgeries for traumatic injury, chronic pain management, psychological care, and vocational rehabilitation due to the significant life changes they will face as a result of these injuries.

The Bill addresses the increasing threat of escalating harm and extremist violence resulting from a mass casualty attack at Bondi Beach (Bill, p.56; EM, p.2) and the *Explanatory Memorandum*. RACS would also point out that mass casualty incidents not only highlight weaknesses in the capacity of law enforcement agencies and emergency services to respond effectively, but also the limits of the ability of hospitals to respond to such incidents by having enough operating theatres, sufficient ICU beds, adequate quantities of blood products available and enough staff to provide care and coordinate with other health service providers to deliver appropriate care. A comprehensive policy response to the problem of hate and extremist violence should consider whether it will decrease the number of hate and extremist related incidents, reduce the severity of injuries sustained by victims, and provide the necessary services for health system readiness. Metrics associated with the justice system are important, but they must be combined with metrics associated with the health outcomes resulting from these types of incidents.

4. Schedule 1 – Criminal Law Amendments: Clinical Relevance and Key Critiques

4.1 Aggravated sentencing factor for hate-motivated Commonwealth offending (*Crimes Act 1914 (Cth)*, proposed s 16A(2)(mb))

After 16A(2)(ma), a new type of aggravated criminal sentencing will exist for Commonwealth Government's Court requiring that when a court imposes a sentence on an offender convicted of a Commonwealth crime for whom the offender's behaviour was influenced or created by their feeling hate towards another person or group, and this feeling was created by the offender believing that the person or group they have felt hatred towards has a particular designation as a result of the race, nationality or ethnicity (within the meaning of the Bill at p.8) of the other person or group, then the Court must take this influence or feeling of hatred into consideration when determining a sentence to be imposed on the offender. It is important to include this as part of the law so that there is an understanding that hate-fuelled behaviour has a much larger impact on individuals than simply affecting them directly, and that this type of hate creates fear in the general public as well as destabilising a community.

From a surgical perspective, it is important but insufficient to acknowledge that hate-motivated violence typically results in a higher degree of severity than would occur without hateful motives and creates a wide variety of comorbidities, including: permanent disfigurement, blindness, paralysis, amputations, and burns, resulting from hate-motivated violence requiring long-term medical treatment and resulting in many long-term disabilities. Although one of the "factors" that come into play during the sentencing process for "hate crimes" (i.e., crimes that are committed because of hatred) is the "deterrent effect," in many cases the health system sees the effects of anatomical and functional injuries from hate crimes and the long-tail of hate-motivated violence. Therefore, RACS advocates for governments to ensure that courts receive guidance from the prosecution and the defence as to the "long-tail" effects of clinically significant morbidity resulting from hate crimes, rather than just the presence of hateful words or terminology.

RACS has identified that in section 16A(2)(mb) the attributes listed are limited in nature to race and national or ethnic origin (p.8 of the Bill). While antisemitism can often be captured as part of the category of ethnic origin, there are other types of hate motivated violence which can enter the health system and that may not fit into this category, such as religious faith, disability, gender identity and sexual orientation; RACS does not view these categories as separate moral hierarchies, but rather sees them collectively as a burden of injury that can be prevented. As a recent example, it is important to note that as of 2026, only the Jewish population requires security and armed guards at where their children go to school or take care of their children; where they go to places of worship, places of business and work. If such security is stilled required indefinitely, and even expanded to other groups and public locations in our community, then this legislation has failed as an effective policy initiative. Accordingly, RACS is recommending that the Government consider whether the limited scope of attributes run the risk of not providing adequate coverage of the types of real-world hate violence that occur, and therefore risk putting the workforces at greater risk than they need to be, and whether a broader or more harmonised approach to Commonwealth Policy is appropriate.

4.2 Increased penalty for using a postal or similar service to menace/harass/cause offence (*Criminal Code Act 1995 (Cth)*, s 471.12 penalty uplift)

By increasing the penalties associated with menacing, harassing or otherwise offending another person through the postal system and/or similar services from a fine-only penalty to five years imprisonment (Bill, page 7), this Bill is clearly designed to deter individuals from threatening and

harassing others through letters, parcels and/or other means of communication. RACS fully supports efforts to deter and respond to harassment and threats directed at healthcare, as such threats are increasingly made via correspondence. For health care providers, these types of threats are not simply theoretical in nature; they can and do occur, and the results of these threats can be catastrophic for both patients and staff. Threats to hospitals, clinicians, trainees and specialist areas can result in clinic cancellations, emergency department diversions, hospital staff feeling unsafe, heightened security responses and more importantly, ultimately cause harm to patients and distress to hospital staff. Many reports received by the Australian Health Practitioner Regulation Agency have alleged false inappropriate social media behaviour by medical staff, rendering the medical workplace unsafe for targeted groups and more importantly for the patients. The clinical consequences are compounded when the threats are hate-motivated. Hate-motivated threats to providers make them particularly vulnerable due to cultural diversity and the vulnerable patient populations served by hospitals; these factors threaten not only the retention of the health care workforce, but also erode the trust that communities have in the institutions that provide them health care.

In RACS' view, simply increasing the penalties associated with these types of weapons is ineffective as a stand-alone protection mechanism for health services in the absence of providing complementary operational guidance and resources to health services. Health providers must know how to report threat incidents and preserve evidence from the incident without damaging the quality of care provided to patients and how best to cooperate with police in handling the situation. Changes in the law regarding the penalties associated with these types of crimes need to include the provision of practical educational support for institutions that regularly receive threats, which includes all hospitals, so that institutions can respond to threats, and support staff in providing care safely as soon as possible after the threat occurs.

4.3 Online violent extremist material and “child targeting” aggravated offences (*Criminal Code Act 1995 (Cth)*, new s 474.45BA and related framing)

A new section s 474.45BA of the Bill creates a new aggravated offence for adults who use a carriage service to transmit or promote a violent extremist material and do so recklessly towards one or more recipients under the age of 18 (Bill, p.33). The Explanatory Memorandum indicates that an aggravated offence's purpose is to acknowledge the heightened vulnerability of children to radicalisation. In addition, due to the seriousness of the circumstances surrounding children who have been targeted or recruited; therefore, the penalty for this aggravated offence is 7 years compared to 5 years for the initial charge (EM, p.152).

This provision has clinical significance as it relates to reducing trauma, with online content that portrays, celebrates, or incites serious acts of violence serving to encourage increased capability and provide ideological encouragement for future violence, especially mass casualties. When there is one less act of serious violence, there are fewer penetrating trauma injuries, fewer catastrophic haemorrhage deaths from gunshot or knife wounds, and fewer individuals with severely burned or blasted injuries, as well as fewer people who require complex reconstructive surgery and have lifelong disabilities. For these reasons, RACS supports disruptive pathways to groom children for violent extremism.

While RACS’s critique focuses primarily on the implementation of the legislation, use of graphic violence as part of legitimate clinical training and prevention such as teaching about mechanisms of injury, disaster preparedness, learning through de-identified cases, is likely to be used by trauma clinicians, educators, and researchers. While the legislation was intended to address grooming and extreme material directed toward certain individuals, it is important that the risk of chilling effects from the legislation be mitigated through the provision of clear prosecutorial guidelines, including

how any possible exemptions or defences might apply to bona fide clinical education and research that will support injury prevention and preparedness. This is not a request to water down the legislation; rather it is a request to protect the legitimate health sector activities of the legitimate health sector from the intended impact of the legislation and have these activities remain viable in order to permit enforcement against genuine extremists who groom individuals.

5. Schedule 2 – Migration Amendments: Workforce, Service Continuity, and Procedural Clarity

5.1 Migration character test expansion relating to “spreading hatred and extremism” (*Migration Act 1958 (Cth)*)

The purpose of Schedule 2 is to introduce Sub-section 5C(1A), which pertains to "Spreading Hatred and Extremism." It would apply to all non-Citizens that are associated with groups such as terrorist organisations, state sponsors of terrorism or prohibited hate groups; either as an active member/member of, again, "hate crime" activity, or having made statements (including online) that advocate or promote views based on 'superiority' for racial, national, or ethnic reasons. Such individuals will pose a risk to Australia and would be prohibited from entering or remaining in the country (Bill pp. 44-45). Schedule 2 also broadly defines the term "association" to include meetings, communications, etc. one meeting or communication will satisfy this part of the new legislation (Bill p. 43). "Prohibited hate group" and "hate crime" have been defined to be in accordance with Division 114A of the *Criminal Code* (Bill p. 43).

RACS understands the need to protect the community from an influx and/or ongoing presence of people who are associated with extremist and hate-fuelled actions; there is also a requirement for RACS to address the negative impact of the migration character clause on the sustainability of the surgical workforce and the continuing trauma capabilities of Australia. A high proportion of many regional and outer-metro area trauma services depend on internationally trained clinicians, including those working as fellows, trainees, and visiting specialists for a limited time. Furthermore, the broad definitions of "association" and "public statements" in the immigration legislation may cause concern for many legitimate clinicians who have committed no wrongdoing, particularly when such actions have occurred in another country, have been made publicly in highly politicised situations, or where proximity of an individual to another person/entity was purely coincidental. Problems of ambiguity associated with these provisions of the law will create obstacles for potential applicants, hinder recruitment of staff for health services, and, in some instances, lead to the cancellation of visas very close to their date of effect, thereby creating significant disruptions to service provision for health services.

Despite the need to overcome maldistribution in our rural, regional and vulnerable regions when it comes to access to healthcare and surgery, or to offer SIMG status, when the individual who desires this position has an active violent ideology and has demonstrated this ideology through any means, to include social media, associations with known extremists, the status must be denied. Simply put, people in need or SIMG status do not deserve any preferential treatment if the safety of the community is paradoxically compromised by individual beliefs akin to harming others.

As such, RACS calls for the strong and visible implementation of procedural safeguards around fairness in decision-making, and natural justice. The guidance should demonstrate how decision-makers will evaluate when determining whether association is genuine vs. minimal/coerced and how decision-makers are able to determine evidence thresholds when dealing with sensitive intelligence that cannot be fully disclosed. Additionally, it is important that an explicit indication of the activities that should not be misinterpreted as supporting hateful conduct be included within legislation, explanatory materials, or binding guidance. There is a particular need for this

recognition given that health professionals often publicly engage on issues like violence prevention, community safety, discrimination, and humanitarian crises. The consequence of chilling legitimate professional discourse is both a civil liberties issue and will therefore adversely impact public health messaging and will erode the trust of the general population in their institutions.

6. Schedule 3 – Customs Amendments: Upstream Prevention with Necessary Health-Sector Safe Harbours

Schedule 3 will increase the restrictions placed on customs regarding the importation of violent extremist content and other hate symbols. It will do this through the removal of the "commercial quantity" threshold which allows enforcement action to be taken no matter how small or large the quantity of objectionable goods being imported (Bill, p.102). The *Explanatory Memorandum* (EM, pp.17-18) states that technological changes have allowed for small electronic devices to hold large quantities of media and therefore make the "commercial quantity" threshold line obsolete and counterproductive to enforcement. RACS supports initiatives that restrict the distribution of extremist training media and/or propaganda due to the dangers associated with these products.

With appropriate guidance for safe harbours for the area of health, RACS believes it is important to mitigate the chilling effect extreme customs enforcement could have on health education and research. As the majority of health education and research is growing more internationalized and digital, RACS is concerned that the use of graphic media in trauma-related training could disrupt proper educational resources intended to inform health professionals. The use of human remains for the purposes of trauma training has been facilitated through international collaboration, and due to the potential misuse of this media as they will remain in the realm of legitimate clinical training and research. RACS, therefore, calls for the establishment of clear guidelines and exemptions regarding the accidental capture of legitimate health education and research materials. This will ensure that Schedule 3 achieves its primary intention of preventing extremist violence while still allowing the health sector to offer continually evolving evidence- and data-based education and preparedness.

7. Schedule 4 – Firearms Amendments: Trauma Prevention and System Resilience

7.1 National gun buyback scheme: strong trauma prevention potential, but evaluate using health outcomes

The National Gun Buyback Scheme is a scheme established by Part 1 of Schedule 4 of the Bill. The purpose of the scheme is for the Commonwealth to establish a national gun buyback scheme as a consequence of the "antisemitic terrorist attack at Bondi Beach on 14 December 2025" (Bill p.56). The buyback scheme contains buyback periods and a framework for providing Commonwealth financial assistance to the states (Bill pp. 56-58). The *Explanatory Memorandum* provides an overview of the intent of the buyback scheme from a governance perspective, and outlines the role of the Australian Federal Police (AFP) in the destruction arrangements (EM pp. 1-2). RACS supports policies focused on reducing both the incidence and lethality associated with penetrating trauma through the proliferation of firearms. Victims of firearm-related injuries frequently experience rapid exsanguination (heavy blood loss), destruction of several organs and blood vessels, complex orthopaedic trauma, and severe (frequently fatal) head injuries. Many firearm victims suffer multiple surgeries, extended ICU stays, and long-term rehabilitation. In mass casualty situations, large numbers of victims from gunfire events create excess demand, resulting in an inability to accommodate the number of patients needing surgical intervention or the blood

supply needed. Therefore, effectively implementing a buyback scheme will yield significant trauma prevention benefits.

However, RACS' biggest critique is that the Bill's accountability framework has a heavy emphasis on an administrative and justice-based approach. If it can be shown that the scheme is based on a response to catastrophic harm, then its success will need to be evaluated on health outcomes. RACS supports the development of a consistent evaluation framework across jurisdictions that includes de-identified linkage to trauma registry data for the purposes of monitoring the incidence and severity of traumatic injuries as well as monitoring the number of ICU beds occupied, the number of operations required, and the number of long-term disabilities experienced by those injured. Measuring the number of prosecutions or the number of firearms surrendered provides valuable information, however, these figures do not provide an assessment of whether the scheme successfully prevented any catastrophic injuries from occurring.

7.2 Firearms background checks and automated security assessment action (ASIO Act / firearms licensing interface)

Schedule 4 (Part 2) of the Bill establishes a framework for states and territories to support the licensing of firearms with the benefit of a Commonwealth-based firearms background checking system derived from intelligence collected by both the Australian Security Intelligence Organisation (ASIO) and Australian Criminal Intelligence Commission (ACIC) (EM, pp. 8-9, 28-29). The EM indicates that amendments will also allow for the automated assessment of specified action by using a computer program, at the direction of the relevant Minister, to assist in improving efficiency and handling increased volume (EM, p. 12-13). The EM also indicates that the amendment also means limiting the risk of disclosing sensitive intelligence and acknowledges that a firearms licence is to be treated as a privilege and not as an expectation, although judicial review rights still remain intact (EM, p. 13). Provisions exist throughout the Bill with regard to automated assessments of Criminal Intelligence Assessment, which include provisions dealing with the utilities of automation and the need for oversight and safeguards (Bill p. 32).

RACS understands that using intelligence to inform decisions on licensing means that access to firearms by people at high risk can be more effectively limited, and thus also means that the likelihood of a shooting or mass casualty event occurring can also be limited. However, if those systems do not have systems of governance that are strict, there will always be a risk of errors and loss of legitimacy. On the trauma prevention side, a false negative will lead to preventable death and catastrophic injury. In terms of systems trust, opaque decisions made in a way that lacks any transparency and no assurance that automated decisions are being made in accordance with policies and procedures may increase grievances and polarisation, which are both independent indicators of risk associated with the potential for violence.

RACS, therefore, supports the intent of the proposal; however, recommends strong guardrails on the proposed project. The guardrails should include having a documented auditable decision log of every event where a decision or an action was taken by an automated action, having clear pathways for decisions that are ambiguous to be escalated to a person or a human being, and providing an avenue for the automation to have an independent party review the actions that an automated process took. RACS notes that in healthcare systems, we are learning from the design of high-risk systems how to create an assurance framework when using automation for high-risk applications.

7.3 Strengthening Australia’s firearms control architecture: national register, import prohibitions, training/licensing continuity, regular review

RACS suggest that the national firearms control architecture be a coherent national framework for performing and enforcing firearms and weapons laws across Australia. The 1996 Australian firearms reforms were based on the National Firearms Agreement (NFA), and have been established and adopted nationally as being integral to improving public safety. The NFA imposes stringent controls on selected semi-automatic firearms; through establishing licensing and genuine-reason requirements, supported by registration and enforcement arrangements. The Australasian Police Ministers' Council Special Firearms Meeting Canberra 10 May 1996 helped establish these criteria (APMC).

RACS supports the aim of providing public safety through the establishment of a compulsory national register of firearms. A national firearms register serves as an operational tool for frontline policing agencies and to measure risk assessments. The purpose of National Firearms Register Program is to create an operational tool that gives law enforcement access to near real-time data on firearms, firearm owners and firearm licenses. The creation of a National Firearms Register will enable the sharing of jurisdictional information to facilitate better law enforcement and risk assessment of firearm-related activities. From a trauma prevention perspective, it is important to have an operational national firearms register. An operational national firearms register is not simply an administrative tool. An operational national firearms register is a mechanism through improved enforcement capabilities and reduced opportunity of diversion of firearms, which will ultimately reduce opportunities for high-risk access leading to firearm-related shooting incidents (Department of Home Affairs Website).

RACS supports the prohibition of individuals importing semi-automatic and pump-action rifles and shotguns, consistent with Australian import permission frameworks historically, and with post-Port Arthur policy settings. The Australian Border Force requires that all importers receive permission to import a firearm into Australia, and the importation requirements depend on the category of firearm. (Australian Border Force website) Although import controls exist alongside state licensing, they demonstrate that preventing trauma requires that stringent import controls exist to limit the availability of higher-risk weapons, which may be able to create mass causalities.

RACS strongly believes that compulsory training, education and licensing have been established in Australia since 1996, and should continue to be in place to support the education of firearm users and should be enhanced where evidence of need exists. The regulations of registration and licensing of firearms and the requirements of a firearms licence and registration of firearms remain key elements of firearm control by all jurisdictions, for example; the NSW Police requires that a firearms licence is obtained and firearms are registered in the applicable jurisdiction. (NSW Police Website) Maintaining high standards of training and licensing is in keeping with the intent of the Bill and reduces the risk of preventable injuries.

Finally, RACS suggests developing a process to regularly assess how well firearms control practices work. As the current (under development) bill contains a large-scale buyback scheme and a process for checks on criminal background, the next stage is to put in place a comprehensive periodic assessment, including clear public reporting of the results with regard to factors related to the health care system e.g., the number of people injured by firearms and trends seen in trauma registries. Developing an assessment mechanism enables the public to build trust in the system, allows for continuous development, and will demonstrate that the reforms are still relevant as technology and risk profiles change.

7.4 Aotearoa New Zealand: regional alignment for safety and risk reduction

RACS is a binational organisation with an extensive binational understanding of trans-Tasman workforce and safety issues. RACS supports the continuing review of Aotearoa New Zealand's

firearms legislation and also supports legislative updates (e.g., updating Firearms Control Laws, Licensing & Prohibition) to align with changing risk factors. The Aotearoa New Zealand *Arms Act 1983* provides the legal structure for firearms legislation including regulations on restricted airguns (Legislation New Zealand). Aotearoa New Zealand Customs also provided an update about legislative changes after the Christchurch shooting, when restricted semi-automatic rifles and shotguns were added to the list of prohibited firearms and prohibited from importation after April 2019 (Customs New Zealand). The New Zealand Government has continued its legislative reform efforts after this event through other initiatives. (Ministry of Justice New Zealand)

In addition, RACS recommends that Aotearoa New Zealand consider the registry of high-powered airguns similar to that of all other firearms if they can be considered a firearm due to the injury risk they pose. The Firearms Safety Authority (Aotearoa New Zealand) establishes specific age and licence restrictions for a variety of airguns in Aotearoa New Zealand, thus acknowledging that airguns are not risk-free, yet will only be regulated in clearly defined conditions. (Firearms Safety Authority New Zealand) High velocity projectile injuries, resulting from either firearms or high-powered air guns, have the potential of causing penetrating trauma, ocular injury and lifelong disability, thus creating a clear need for coherence in the registration and licencing systems to further support trauma risk mitigation efforts.

8. Schedule 5 – Transitional Rules: Predictability and Hospital-Safety Spillovers

Schedule 5 gives authorities transitional rule-making powers to help with practical problems that may arise from the implementation of the legislation. The Bill removes the usual protection in the *Legislation Act 2013* against the making of retrospective laws that disadvantage people, but it also restricts what Transitional Rules can do and has a timeframe (Bill p.74; EM p.99). The Bill contains a number of limitations on what Transitional Rules can do and has a limit of twelve months for the creation of Transitional Rules (Bill p.136, EM p.319). RACS acknowledges that transitional flexibility is required for large and complex national schemes. However, bordering on uncertainty of implementation may also create spill-over impacts within high-risk public areas (e.g., hospitals). The shifting of enforcement, creating public controversy or increasing tension could increase the level of harassment and violence directed towards Institutions and staff by the public. In light of this, RACS encourages health services to have a transparent approach to planning to implement the changes. RACS also requests that health services consult with them in relation to the potential impact of compliance and communication strategies on hospital safety and continuity of service.

9. Recommendations

While RACS supports the intent of the Bill, strengthening trauma-informed implementation and evaluation is required. In particular, RACS recommends:

1. Proposed s 16A(2)(mb) Implementation of the aggravated sentencing factor in the *Crimes Act 1914 (Cth)* needs guidance that recognises long-term clinical harm associated with hate-related violence and to consider if the scope of the attribute (race/national/ethnic origin) accurately reflects real-world patterns of hate-related clinical outcomes (Bill p.8).
2. The penalty uplift for postal menace/harassment needs to be supported by a health sector operational package, which includes supporting hospitals with: reporting threats to police, liaising with the police, preserving evidence and reporting perpetrators, supporting hospital staff to minimise disruption to their services (Bill p.7).
3. The enforcement of new s 474.45BA and related extremist material provisions needs to be accompanied by clear prosecutorial guidance, stating that bona fide clinical education, training and research uses of de-identified injury material are protected, while maintaining a strong stance against extremist grooming behaviour (Bill p.33; EM pp.152-154).

4. Robust procedural fairness safeguards, transparent threshold guidelines and explicit recognition that bona fide medical, humanitarian and academic activities be examined as thoughtful expression of free political speech which doesn't encourage violence and discrimination when considering migration amendments to "spreading hatred and extremism," are needed, as are assessments of the impact of these amendments on workforce trauma services (Bill, pp.44-45). However, systemic naivety and exigencies and political influences can at times excuse instances where medical practitioners behave inappropriately while hiding behind the shield of altruism. Healthcare workers are no more or less human than anyone else. A one shoe fits all policy is required regardless of where one leans on the political spectrum.
5. Evaluation of the National Gun Buyback Program and Gun Background Checks should include health metrics (trauma registry totals and severity; ICU days; hospitalizations and disabilities) with justice metrics, Automatable Safeguards should be clearly identified, Transparent, and Third-Party Reviewed. (Bill pp.56, 76).
6. National Firearms Regulatory Framework should be strengthened by using a Mandatory National Firearms Registry, as well as continued rigorous training/licensing systems, enforced restrictions on the importation of higher-risk firearms, and a standardized mechanism for regular review of firearms control policies and procedures. (Department of Home Affairs Website)
7. Aotearoa New Zealand, through the continued modernization and strengthening of firearms control policies will continue to develop and implement national registration and licensing regulations for high-powered air guns with a high-risk of injury, with acknowledgment of the Trans-Tasman Relationship in the area of safety and injury prevention. (Legislation New Zealand).

10. Conclusion

The Royal Australasian College of Surgeons (RACS) believes that responding to antisemitism, hate and extremism with swift, well-informed actions supported by evidence is essential. Likewise, that the actions taken to prevent the occurrence of extremist-related violence are consistent with actions taken to prevent trauma and to improve the safety of the public in our health system. Although there will be appreciable changes in some areas as a result of the implementation of this Bill, such as in the area of firearms policy and actions taken to disrupt or prevent extremist material, and the grooming of people into extremism, it will ultimately be the ability of the health system to demonstrate whether these efforts are successful by either preventing catastrophic injuries to people, maintaining hospitals as safe and operational; or by eliminating or minimising the long-term impact of disfigurement and disability on the lives of the people affected.

Government legislation outlining restrictions on access to firearms should be vastly increased along with restrictions on locations to store firearms, including ammunition, the total quantity of firearms owned per individual, etc. At the same time requiring individuals who wish to engage in recreational shooting or hunting to have an appropriate means of controlling their firearms through the use of safe and responsible practices when using and storing their firearms.

Therefore, RACS encourages the Federal Government to focus on strengthening trauma-informed implementation of the Bill by evaluating the effectiveness of the implementation of trauma registries, protecting legitimate clinical education, and assisting hospitals with operational responses to threats, as well as providing support to the capacity of the health workforce to mitigate risks of being impacted by extremists. RACS looks forward to continuing to work with the Attorney-General's Department and other relevant agencies in order to achieve desired results as outlined in the Bill and improve the capability of the Australian health system to respond to extremism and to provide trauma prevention.

RACS is available to speak and present at any hearing regarding the Bill.

11. References and Bibliography

A. Primary legislative materials (provided documents)

1. Combatting Antisemitism, Hate and Extremism Bill 2026 (Exposure Draft) (Cth).
2. Explanatory Memorandum – Combatting Antisemitism, Hate and Extremism Bill 2026 (Cth).

B. External sources (supporting firearms and trans-Tasman recommendations)

1. Australian Government, Department of Home Affairs, National Firearms Register (18 July 2025). (Department of Home Affairs Website)
2. Australian Border Force, Prohibited Goods – Firearms (18 Dec 2025) and firearm categories/import permission framework. (Australian Border Force Website)
3. Australian Criminal Intelligence Commission, 1996 National Firearms Agreement (PDF). (APMC)
4. NSW Police Force, Firearms Registration Fact Sheet (6 Apr 2024). (NSW Police)
5. New Zealand Government, Arms Act 1983 (legislation). (Legislation New Zealand)
6. New Zealand Customs Service, Changes to the Arms Act 1983 (2019, post-Christchurch prohibitions). (Customs New Zealand)
7. New Zealand Firearms Safety Authority, Airgun safety (licensing/age requirements). (Firearms Safety Authority New Zealand)
8. New Zealand Ministry of Justice, Firearms reform (updated policy summary, 11 Dec 2025). (Ministry of Justice New Zealand)

Yours sincerely

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