

SUPPLEMENTARY SCHEDULE A: CORPORATE STRUCTURE

Corporate Structure And Governance Context



Related Document: [Kaleido Health Centre Compliance Assessment – Assessment of Public Website Materials](#)

Document ID: KHC-ACL-2026-01 v5.0

Schedule ID: KHC-ACL-2026-01-SA

Date: May 7, 2026 (Amended from 3 May, 2026)

BACKGROUND AND PURPOSE

The Core Compliance Assessment (KHC-ACL-2026-01 v5.0) documents 14 violations of Australian Consumer Law (ACL) in Kaleido Health Centre's public website materials, including misleading representations about corporate structure.

This supplementary schedule addresses a specific factual question that arose during the compliance assessment: What is the actual corporate and governance relationship between ACON and Kaleido Health Centre?

WHY THIS ANALYSIS HAS BEEN UNDERTAKEN

The clinic's Q&A page states: "Kaleido Health is a separate entity to ACON, with its own CEO and its own Board of Directors."

However, publicly available corporate records show:

- ACON Health Centre Limited (ABN 52 676 923 587) is the registered legal entity
- "Kaleido Health Centre" is a business name/trading name of this entity
- The website footer states: "ACON Health Centre Limited (trading as Kaleido Health Centre)"

This creates a material discrepancy between:

1. The Q&A page representation ("separate entity")
2. The legal registration evidence (same entity, different trading name)
3. The website footer (acknowledges trading name relationship)

WHY THIS SITS OUTSIDE CORE COMPLIANCE ASSESSMENT SCOPE

The Core Compliance Assessment focuses on ACL compliance violations. While corporate structure misrepresentation is documented as Violation [X], detailed analysis of ACON's organisational structure, governance arrangements, and corporate transparency practices extends beyond pure ACL compliance assessment.

This schedule provides that detailed analysis for readers who need to understand:

- The full corporate structure and governance relationships
- How this structure may affect consumer transparency
- Why corporate structure matters for informed consent in healthcare services
- What corrective disclosure would be required to remedy the misrepresentation

INTENDED AUDIENCE

This schedule is provided for:

- Enforcement authorities considering corporate structure implications
- Policymakers assessing healthcare service governance transparency
- Journalists investigating institutional accountability
- Legal advisers evaluating misrepresentation materiality

It is NOT required to establish the ACL violations documented in the Core Compliance Assessment, which stand independently.

1. Q&A Page Claims

The Q&A page (<https://kaleidohealth.org.au/q-and-a/>) states:

Q: "What is the relationship between ACON and Kaleido Health?"

A: "Kaleido Health is a **separate entity to ACON**, with its own CEO and its own Board of Directors. However, there will be a close relationship between ACON and Kaleido Health. Our aim is to ensure Kaleido Health establishes the same strong community connection, values and expertise that our communities expect from ACON."

Q: "I'm an existing ACON client. Will my information be shared with Kaleido Health?"

A: “No, Kaleido is a separate service to ACON’s other services with different records. Your information will only ever be shared with your express consent when it is relevant to your care.”

2. Actual Legal Structure

- Kaleido Health Centre operates as a trading name of ACON Health Centre Limited (ABN 52 676 923 587), an Australian public company limited by guarantee, registered as a charity since May 2024.
- ACON Health Centre Limited is a distinct legal entity. However, it forms part of the broader ACON Health group. The parent/consolidated entity is ACON Health Limited (ABN 38 136 883 915), which controls the legacy AIDS Council of New South Wales Inc (ABN 84 633 910 355, trading as ACON).
- ACON’s own materials describe Kaleido as a “pivotal partner” in achieving ACON’s purpose, and the organisations share the same strategic direction, values, and community branding.

3. Legal Analysis

The Q&A page represents Kaleido Health as a fully separate entity to ACON with its own independent governance and separate records. In reality, while ACON Health Centre Limited is a distinct legal entity, it operates within the closely integrated ACON Health group structure. The claim of separation therefore creates a misleading impression of independence.

4. ACL s29(1)(a) F – False OR Misleading Representation

Australian Consumer Law s29(1)(a) prohibits false or misleading representations concerning corporate affiliation or connection or the identity of the supplier. The representation “Kaleido Health is a separate entity to ACON” with “different records” and independent governance would mislead a reasonable consumer into believing:

- Legal and operational separation – that Kaleido is an entirely independent organisation rather than part of the ACON Health group.
- Independent oversight – that Kaleido has fully autonomous governance when it shares the same strategic purpose and values as ACON.
- Data privacy – that patient records are held by truly separate entities requiring formal “sharing” and express consent (when the entities are closely related within the same group).
- Complaints and accountability – that complaints would be directed to an independent entity rather than within the ACON Health group structure.

5. Materiality of Misrepresentation

This misrepresentation is material to consumer decision-making because:

- ACON track record – consumers may seek or avoid services based on their view of ACON's approach to LGBTQ+ health, advocacy, or service quality.
- Governance and accountability – consumers may have different expectations about clinical governance, complaints processes, and oversight if they believe they are dealing with an independent entity.
- Funding transparency – NSW Government funding to Kaleido flows through the ACON Health group structure.
- Privacy expectations – the Q&A framing creates a false expectation of complete separation when the entities are operationally linked.

6. Corporate Structure VS Operational Branding

A group may lawfully operate multiple service brands or divisions. However:

- It is lawful to brand services differently and create operational separation.
- It is unlawful under ACL s29(1)(a) to represent operationally linked services as “separate entities” in a way that misleads consumers about independence, governance, and accountability.

7. Comparable Cases

Analogous to:

- A retail group stating “Brand X is a separate entity” when it operates under the same parent company.
- A healthcare provider representing a new clinic as independent when it is part of the same corporate group.

8. Evidence Summary

Claimed (Q&A page): “Kaleido Health is a separate entity to ACON” with “different records” and independent governance.

Actual: ACON Health Centre Limited (trading as Kaleido) is a distinct legal entity but operates as part of the closely integrated ACON Health group (parent: ACON Health Limited).

ACL VIOLATION: False or misleading representation concerning corporate affiliation and connection (s29(1)(a)).

9. Additional ACL Concern – s29(1)(m)

The misrepresentation may compound informed-consent violations by obscuring the organisational track record, advocacy positioning, and governance framework that may be material to consumers' treatment decisions.

10. Recommendation for ACCC Investigation

This corporate structure misrepresentation warrants separate investigation because it:

- Affects all services marketed under the Kaleido branding.
 - Creates systemic consumer deception about supplier identity and independence.
 - May enable reduced accountability for the ACON Health group's organisational track record.
 - Affects NSW Government funding transparency.
 - Compounds informed-consent issues in gender services by obscuring governance realities.
- In addition to the disclosure issues the ACCC should also verify:
- Whether the "separate entity" and "different records" representations are factually correct or whether they potentially breach s29(1)(a).
 - Whether IT systems and data is shared and whether privacy claims about data sharing are misleading given the group relationship.
 - If contraventions are identified, remediation should include corrective disclosure required to address any misleading disclosure, in addition to any other remedies sought by the ACCC.

11. Public Interest Considerations

This matter has heightened public interest because:

1. NSW Government funding flows to Kaleido / ACON Health Centre Limited.
 2. Services target vulnerable populations, including minors.
 3. Clear corporate accountability is essential for clinical governance and complaints handling.
 4. Misrepresentation of independence sets a precedent for other health providers.
-

SUPPLEMENTARY SCHEDULE B

Regulatory Accountability – AHPRA / ACON Relationship

Related Document: Kaleido Health Centre Compliance Assessment – Assessment of Public Website Materials

Document ID: KHC-ACL-2026-01 v5.0

Schedule ID: KHC-ACL-2026-01-SB

Date: 8 May, 2026 (Amended from 4 May)

BACKGROUND AND PURPOSE

The Core Compliance Assessment (KHC-ACL-2026-01 v5.0) documents 14 violations of Australian Consumer Law and multiple breaches of Medical Board of Australia Good Medical Practice standards in Kaleido Health Centre's public website materials.

This supplementary schedule addresses a systemic question that the report findings raise but that sits outside formal compliance assessment scope:

Why have these serious compliance violations—affecting vulnerable consumers including minors—not been identified or addressed by the relevant professional regulator (AHPRA)?

WHY THIS ANALYSIS IS NECESSARY

The findings documented in the Core Compliance Assessment are not subtle or technical. They include:

- Complete absence of risk disclosure for serious medical interventions
- Hidden age eligibility information for services involving minors
- Unqualified safety claims despite significant known risks
- No disclosure of evidence uncertainty despite systematic reviews finding low/very-low certainty evidence
- Missing informed consent elements required by professional standards

These are fundamental consumer protection and professional practice failures that should have triggered regulatory attention through:

1. AHPRA's routine monitoring of healthcare advertising and public representations
2. Complaints from concerned health professionals or consumers
3. AHPRA's duty to protect the public under the National Law

The absence of regulatory action raises a legitimate question about regulatory effectiveness.

REGULATORY RELATIONSHIP ANALYSIS

This schedule documents a specific structural relationship that may affect regulatory independence:

- ACON (the organisation operating Kaleido Health Centre) has a formal partnership with AHPRA
- This partnership operates through Pride in Health + AWEI (Australian Workplace Equality Index)
- ACON's frameworks influence AHPRA's approach to LGBTQ+ health and gender-affirming care
- AHPRA has demonstrated differential enforcement: investigating doctors who express concerns about gender-affirming treatment while dismissing complaints against doctors promoting it

This creates a structural conflict where the organisation shaping regulatory standards also operates services being assessed against those standards.

WHY THIS SITS OUTSIDE CORE COMPLIANCE ASSESSMENT SCOPE

The Core compliance assessment's scope explicitly excludes "broader policy or regulatory capture analysis." The ACL violations and professional standards breaches stand independently regardless of why they haven't been addressed.

However, enforcement authorities and policymakers considering this compliance assessment need to understand:

- What structural barriers may exist to effective enforcement
- Why routine regulatory oversight may not have identified these violations
- What accountability mechanisms may be appropriate given the structural relationship
- Whether independent oversight is needed to ensure public protection

WHAT THIS SCHEDULE CONTAINS

1. **Professional Standards Violations:** Detailed analysis of 5 potential breaches of AHPRA Good Medical Practice Code (extracted from compliance assessment findings for prominence)
2. **Regulatory Relationship Documentation:** Evidence of AHPRA-ACON partnership and its influence pathways
3. **Enforcement Pattern Analysis:** Documented cases of differential enforcement suggesting regulatory capture
4. **Structural Accountability Concerns:** Analysis of why the same organisation cannot both shape regulatory standards and operate services assessed against them, and why activist organisations should not simultaneously influence regulatory design and deliver services under that regulation.

5. **Appendix:** Table 2: Expanded Standard Medical Model vs Gender Affirmation Model: Implications for Informed Consent

INTENDED AUDIENCE

This schedule is provided for:

- Parliamentary committees with oversight responsibility for AHPRA
- Health ministers and policymakers considering regulatory reform
- Enforcement authorities planning accountability measures
- Journalists investigating systemic healthcare governance issues
- Health professionals concerned about regulatory independence

It is NOT required to establish the ACL violations or professional standards breaches documented in the Core Compliance Assessment, which are factual findings that stand independently.

CRITICAL DISTINCTION

This schedule does not argue:

- That AHPRA's partnership with ACON is inherently inappropriate
- That LGBTQ+ health equity initiatives are illegitimate
- That gender-affirming care should be restricted

This schedule does argue that in the interests of good governance practice:

- That regulatory independence requires separation between standard-setting and service delivery
- That the same organisation cannot both influence regulatory frameworks AND operate clinics assessed under those frameworks without creating structural conflicts of interest
- That enforcement patterns suggest this structural relationship has compromised regulatory decisions, impartiality and effectiveness
- That independent oversight is necessary to ensure public protection

This is a governance and accountability concern, not a policy position on gender-affirming care.

EXECUTIVE SUMMARY

This appendix documents a structural conflict of interest that undermines the integrity of professional standards enforcement for gender-affirming medical services in Australia. Freedom of Information documents reveal that Australia's peak medical regulator, the Australian Health Practitioner Regulation Agency (AHPRA), has embedded the advocacy positions of ACON (formerly AIDS Council of NSW) into its regulatory framework through formal partnership arrangements.

Kaleido Health Centre is operated by ACON Health Centre Limited (ABN 52 676 923 587) – the same organisation whose advocacy positions now shape AHPRA's regulatory processes.

This creates a circular accountability problem: the organisation that influences the regulator also operates clinics subject to that regulation, compromising independent oversight and public confidence in professional standards enforcement.

By way of introduction to the gender-affirming care model, the following table - Table 1: Informed Consent Implications – Standard Medical Model vs Gender-Affirming Care Model - compares the two approaches. It identifies why ordinary medical standards require disclosure of risks, uncertainties, alternatives, and evidence quality, and why the absence of such disclosures on the Kaleido website is material under ACL sections 18 and 29. Please see Table 2 in Appendix 1 – for fuller understanding of medical model differences.

B 1.

Table 1: Informed Consent Implications – Standard Medical Model vs Gender-Affirming Care Model
 (Relevant to Medical Board of Australia Good Medical Practice Code ss 4.5 Informed Consent and 4.6 Children and Young People)

Aspect	Standard Medical Model (aligned with Good Medical Practice Code)	Gender-Affirming Care Model (as described in clinic materials and WPATH-aligned approaches)
Diagnosis / Assessment	Requires formal clinical assessment and diagnosis.	Relies primarily on self-reported gender identity; no formal diagnosis required for “non-complex” cases.
Evidence Quality Disclosure	Must disclose the strength of evidence, including uncertainties and limitations of studies.	Limited disclosure of evidence quality; systematic reviews (e.g. Cass Review) note low/very low certainty for many outcomes.
Risk-Benefit Discussion	Full disclosure of material risks, potential harms, and benefits based on best available evidence.	Risks (infertility, bone density loss, surgical complications, persistence of mental health issues) often minimised or deferred.
Alternatives & Watchful Waiting	Must discuss all reasonable alternatives, including non-medical management.	Emphasis on affirmation; alternatives (exploratory therapy, mental health support) often not highlighted.
Minors / Capacity	Heightened duties: best interests of the child, capacity assessment, parental involvement, multidisciplinary input.	Informed consent model applied with limited public disclosure of age-specific protocols or referral thresholds.
Ongoing Monitoring	Continuous evaluation of outcomes and adjustment of treatment.	Limited public information on long-term follow-up or desistance/detransition data.

Note: The Medical Board’s Good Medical Practice Code aligns with the principles of the standard medical model, requiring doctors to provide balanced, evidence-based information so patients (and guardians of minors) can make voluntary decisions with adequate understanding of benefits, risks, and uncertainties.

B2. FOI EVIDENCE: ACON'S INFLUENCE ON AHPRA REGULATORY PROCESSES

Documents obtained under Freedom of Information Act reveal AHPRA's systematic embedding of ACON positions into regulatory functions:

QUOTE 1 – REGULATORY CAPTURE EXPLICITLY PLANNED (7 February 2024, AHPRA National Executive agenda paper, marked 'In confidence'):

"Partnering with external organisations such as ACON's Pride in Health and Wellbeing... Strategy and Policy will lead on improving access to the National Scheme, external engagement initiatives and National Board portfolios."

"The LGBTIQ+ strategy will include reforms of people policies and regulatory processes over a 3-5 year time horizon."

ANALYSIS: AHPRA explicitly planned to reform its "regulatory processes" – not just internal workplace policies – based on partnership with ACON, an activist organisation. This is regulatory capture by design.

QUOTE 2 – ACON'S ADVOCACY SHAPES "THE WAY WE REGULATE" (25 July 2025, letter from AHPRA CEO Justin Untersteiner):

"Ahpra's engagement with ACON reflects Ahpra's efforts... to ensure that lived experiences and expectations of the wider community are reflected in the way we regulate and fulfil our purpose of ensuring the preservation of public safety."

ANALYSIS: AHPRA CEO confirms ACON's "lived experiences and expectations" (IE., advocacy positions on gender-affirming care) shape "the way we regulate." This is not consultation; this is regulatory standard-setting by an advocacy organisation.

QUOTE 3 – COMMERCIAL RELATIONSHIP, NOT MERE CONSULTATION (December 2023, Members Meeting with Pride in Diversity):

ACON representative recorded discussion about AHPRA's "desire as a health regulator to be working on the service delivery/to consumer side of things now that the portfolio has opened to allow access to both Pride in Diversity and Pride in Health + Wellbeing content."

"Exchanges reflect the development of a structured commercial relationship, with ACON's Pride in Diversity promoting specific training and consultancy packages, membership hours and renewal as part of AHPRA's strategy work."

ANALYSIS: This is not arm's-length engagement with community stakeholders. AHPRA is a paying client of ACON's commercial training and consultancy services, creating a material financial conflict of interest alongside ideological alignment.

QUOTE 4 – OBJECTIVE IS REGULATORY REFORM, NOT WORKPLACE DIVERSITY (February 2024 National Executive paper):

"The document makes it clear that AHPRA's objective is not simply to embed the objectives of ACON and Rainbow Tick into its internal workplace practices but involve 'improving access to the National Scheme, external engagement initiatives and National Board portfolios'."

ANALYSIS: AHPRA's own internal documents confirm the objective extends beyond workplace diversity to external-facing regulatory functions.

Note, AHPRA signed up to rainbow tick and Australian Workplace Equality Index (AWEI), these are compliance assessments to ACON's DEI framework: <https://www.ahpra.gov.au/Resources/LGBTIQA-communities.aspx>

ACON's Australian Workplace Equality Index appears to operate not merely as a voluntary inclusion benchmark, but as a policy-and-culture compliance framework that encourages participating organisations to align internal governance, staff training, workplace language, data collection, leadership practices, and employee culture with ACON/Pride in Diversity's LGBTQ inclusion model, including its gender identity framework.

Examples of AWEI and HWEI Compliance Assessment

[Link: AWEI - Australian Workplace Equality Index – 2020 -The National Benchmark ON AUSTRALIAN LGBTQ WORKPLACE INCLUSION](#)

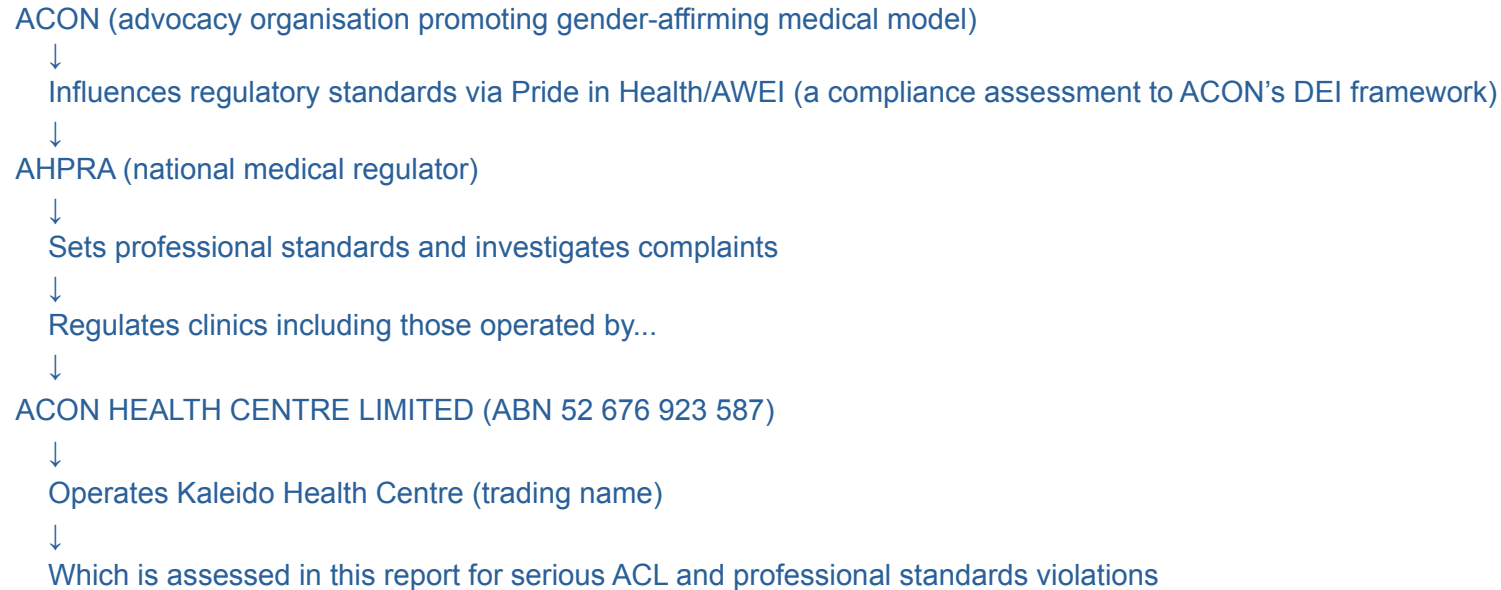
[Link: AWEI - Australian Workplace Equality Index -2021 AWEI SMALL EMPLOYER EVIDENCE AND SCORING GUIDELINE](#)

[Link: Evidence and Scoring Guide HWEI 2020](#)

[Link: 2022 HSWI Evidence and Scoring Guide](#)

B3. THE CIRCULAR ACCOUNTABILITY PROBLEM

STRUCTURAL CONFLICT:



THE PROBLEM: The same organisation that shapes AHPRA's regulatory approach to gender medicine operates the clinic being assessed against those standards.

COMPARABLE SCENARIOS (all would be recognised as conflicts of interest):

- A pharmaceutical company funding the regulator that approves its drugs
- A mining company advising the EPA on environmental standards it must meet
- A financial institution shaping the regulations under which it operates
- A food manufacturer writing the health inspection criteria for its own restaurants

Each would be immediately recognised as regulatory capture. The AHPRA/ACON relationship is structurally identical.

B4. IMPACT ON PROFESSIONAL STANDARDS ENFORCEMENT

Each Professional Standards violation identified in this audit references an AHPRA standard or duty of care obligation. However, enforcement of these standards is potentially compromised by AHPRA's active partnership with ACON—the organisation that operates Kaleido Health Centre—through the Australian Workplace Equality Index (AWEI) and Health + Wellbeing Equality Index (HWEI) frameworks. These partnerships explicitly shape AHPRA's National Scheme LGBTIQ+ equity and inclusion strategy.

PROFESSIONAL STANDARDS RED FLAGS

(separate from ACL rating) Each violation below cites the specific AHPRA standard violated. Enforcement concerns are detailed in the Regulatory Accountability Note above.

FINDING 1: GP-led hormone therapy service without publicly disclosed specialist training, endocrinology collaboration, or governance oversight.

RELEVANT AHPRA STANDARD: Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia (October 2020), **Section 3.2.1** (under 3.2 Good patient care)

- “Recognising and working within the limits of your competence and scope of practice.”
- “Ensuring you have adequate knowledge and skills to provide safe clinical care.”

EXPLANATION: The clinic's public website provides no disclosure of GP specialist training or qualifications in endocrinology/gender medicine, endocrinologist collaboration or oversight arrangements, clinical governance structure for hormone therapy services, or criteria for when specialist endocrinologist referral is required. This information is material to reasonable consumer assessment of whether GPs are working within scope of practice for complex endocrine interventions.

FINDING 2: Informed consent model applied to 'non-complex' cases without public disclosure of what constitutes 'complex' or when specialist referral is required.

RELEVANT AHPRA STANDARD: Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia (October 2020), Section 4.5 “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. Good medical practice involves: 4.5.1 Providing information to patients in a way they can understand before asking for their consent.”

EXPLANATION: The Gender Affirmation page states the clinic uses “an informed consent model to support non-complex transgender health in primary care, with referrals to specialist providers as needed.” No public disclosure is provided of what clinical criteria define “non-complex” versus “complex” cases, what assessment process determines complexity, when specialist referral is required, or what “specialist providers” means. Reasonable consumers cannot make an informed decision about service suitability without understanding these complexity criteria and referral thresholds.

FINDING 3: High baseline psychiatric morbidity acknowledged in client population without disclosure that longitudinal evidence shows psychiatric service use often intensifies post-medical intervention.

RELEVANT AHPRA STANDARD: Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia (October 2020), Sections 3. Providing good care, Section 4. Working with patients and Section 8. Patient safety and minimising risk. In particular the following:

- 3.2.4 “Considering the balance of benefit and harm in all clinical-management decisions.”
- 4.3.4 “Discussing with patients their condition and the available management options, including their potential benefit and harm and material risks.
- 4.3.5 Endeavouring to confirm that your patient understands what you have said.
- 4.5 “Informed consent is a person’s voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved.”
- 4.5.1 “Providing information to patients in a way they can understand before asking for their consent.”
- 4.6.1 “Placing the interests and wellbeing of the child or young person first.”
- 4.6.2 “Ensuring that you consider young people’s capacity for decision-making and consent.”

EXPLANATION: The Mental Health page acknowledges “high rates of trauma, PTSD, anxiety, depression, suicidality and other mental health challenges” among LGBTQ+ clients. However, there is no disclosure that independent longitudinal evidence (e.g., Ruuska et al. 2026) shows psychiatric service use often intensifies after medical gender intervention, or that Cass Review 2024 systematic reviews found low/very-low certainty

evidence for mental health benefits. Balanced information provision requires disclosure of evidence that psychiatric morbidity may persist or worsen. Patients need sufficient information to make an informed decision, failure to provide this means flawed major health and treatment decisions may be being made, when different decisions may have been made had all these material risks been disclosed to the patient/patient parents.

FINDING 4: Fertility preservation is deferred as a future service, despite current treatments carrying potential infertility risks.

RELEVANT AHPRA STANDARD: Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia (October 2020), Section 4.5 Informed consent and Section 3.2 Good patient care. In particular:

- 4.5.1 “Providing information to patients in a way they can understand before asking for their consent.”
- 3.2.4 “Considering the balance of benefit and harm in all clinical-management decisions.”

EXPLANATION: Kaleido lists fertility preservation as a future service - “on-site consultation and support for fertility preservation before or during transition” - while currently offering hormone therapy. Given that hormone therapy and some gender-affirming surgeries may have irreversible consequences for fertility, Kaleido’s public materials do not appear to provide adequate warning of infertility or sterilisation risk or clear current access to fertility-preservation counselling before treatment proceeds.

FINDING 5: Treatment of minors confirmed but no public disclosure of minor-specific assessment protocols, capacity evaluation processes, or age-differentiated clinical pathways.

RELEVANT AHPRA STANDARD: Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia (October 2020), Section 4.6 Children and young people

- 4.6 “Caring for children and young people brings additional responsibilities and challenges for doctors. Good medical practice involves: 4.6.1 Placing the interests and wellbeing of the child or young person first.”
- “Ensuring that you consider young people’s capacity for decision-making and consent.”

EXPLANATION: The hidden Q&A page confirms the clinic treats “people of all ages, including young people and those under 18.” However, publicly accessible service pages provide no disclosure of age limits or eligibility criteria for minors, parental/guardian consent requirements, minor-specific assessment protocols, capacity evaluation processes, age-differentiated clinical pathways, or court processes for disputes. This is particularly serious given the irreversible nature of hormone interventions and high progression rates documented in systematic reviews.

Regulatory Classification Note:

The Medical Board of Australia's *Guidelines for registered medical practitioners who perform cosmetic surgery and procedures* explicitly states: "Gender affirmation surgery is not considered cosmetic surgery."

This carve-out applies even though procedures such as bilateral mastectomy ("top surgery") performed on healthy adolescent breast tissue meet the Board's own definition of cosmetic surgery (i.e., revision of normal bodily features for the dominant purpose of achieving what the patient perceives to be a more desirable appearance).

The Board therefore applies a different and less prescriptive disclosure and advertising standard to gender-affirming procedures than it does to other surgeries that change normal anatomy for aesthetic reasons. This distinction is directly relevant when assessing whether Kaleido Health Centre's public materials satisfy the informed-consent obligations under the overarching Good Medical Practice Code (ss 4.5 and 4.6).

ENFORCEMENT CONCERN: The combination of (a) the cosmetic-surgery carve-out and (b) AHPRA's institutional alignment with ACON creates a material risk that AHPRA will not rigorously enforce minor-specific protocol requirements (capacity assessment, age-differentiated pathways, parental/guardian consent disclosures, etc.) against an ACON-operated clinic. ACON's own advocacy promotes an "informed consent"¹ model that minimises gatekeeping and multidisciplinary assessment—precisely the safeguards the Code mandates when the patient is a child or young person.

In short, AHPRA is simultaneously the regulator of the higher child-protection standards in the Code and a committed partner in ACON's DEI frameworks. This dual role raises a clear perception of regulatory capture in a contested area of medicine where the stakes for minors are exceptionally high.

B5. Documented Evidence of Compromised Enforcement

[The Australian \(22 April 2026\) reported](#) that AHPRA has:

1. "Gagged Queensland psychiatrist Andrew Amos, banning him from making online statements about gender medicine and barring him from having direct clinical contact with any patients"

¹ AusPATH's Informed Consent Model - https://auspath.org.au/wp-content/uploads/2022/05/AusPATH_Informed-Consent-Guidelines_DIGITAL.pdf

2. "Launched an investigation into prominent child psychiatrist Jillian Spencer for sharing on social media an article from The Australian that quoted her concerns about gender-affirming medical treatment for children"

3. "Dismissed a complaint against Michelle Telfer, chief of medicine at the Royal Children's Hospital Melbourne, who pioneered the contentious gender-affirming treatment approach in Australia, despite and following adverse findings against her by a Family Court judge"

PATTERN: AHPRA enforces restrictions against doctors expressing evidence-based concerns about gender-affirming treatment, while dismissing complaints against doctors promoting it, despite the lack of evidence supporting it – consistent with regulatory capture by an organisation advocating for gender-affirming model.

46 registered health professionals formally requested the National Health Practitioner Ombudsman investigate AHPRA's engagement with ACON schemes, warning it "positions the regulator as a partisan actor in a contested area of clinical practice."

The Ombudsman refused, stating AHPRA's CEO "has provided a reasonable response to your concerns."

RESULT: No independent oversight of regulatory capture. The system protects itself despite clear conflicts of interest.

B6. AHPRA'S Structural Limitations as Regulator

- AHPRA is primarily a bureaucratic organisation, not a medical body:
- AHPRA does not employ clinical staff to independently assess medical practice standards
- AHPRA relies on National Boards (Medical Board, Nursing Board, etc.) for clinical guidance
- AHPRA's engagement with ACON creates ideological alignment that may override clinical judgement

QUOTE FROM FOI DOCUMENTS: AHPRA justifies ACON partnership on basis that "compared to the general population, transgender people aged 14-25 are 15 times more likely to have attempted suicide."

PROBLEM: This claim is "highly disputed" (per The Australian article) and uses advocacy statistics to justify regulatory reform, rather than independent clinical evidence².

COMPARISON: Imagine AHPRA reforming its regulatory processes for oncology based on statistics provided by pharmaceutical companies, then regulating hospitals operated by those same companies. The conflict would be immediately apparent.

B7. Implications For This Compliance Assessment

The Professional Standards Red Flags identified in this compliance assessment are serious AHPRA violations under normal circumstances. However, the AHPRA/ACON relationship and the current failure for these issues to be identified and addressed has created reasonable doubt about whether these standards will be enforced against an ACON-operated clinic or other Gender Affirming clinics making similar claims.

SPECIFIC CONCERNS:

1. **COMPLAINT PATHWAY COMPROMISED:** Filing an AHPRA complaint about Kaleido Health Centre means filing a complaint with a regulator that has embedded ACON's advocacy positions into its regulatory framework.
2. **ENFORCEMENT UNCERTAINTY:** Each violation contradicts ACON's informed consent advocacy model. Would AHPRA enforce its own standards against the organisation that shapes those standards?
3. **PRECEDENT EVIDENCE:** AHPRA's documented enforcement pattern (harsh restrictions on doctors questioning gender-affirming care; dismissal of complaints against doctors promoting it) suggests regulatory capture has already influenced enforcement decisions.
4. **PUBLIC CONFIDENCE:** Even if AHPRA were to enforce standards fairly, the structural conflict destroys public confidence in impartiality.

² Active Watchful Waiting Inc., Suicide Risk and Gender-Distressed Youth (evidence summary), available at: <https://www.aww.org.au/suicide>

B8. Legal And Governance Questions

The AHPRA/ACON relationship raises serious legal and governance questions:

QUESTION 1: STATUTORY AUTHORITY

Does AHPRA's statutory mandate permit it to reform "regulatory processes" based on partnership arrangements with third-party advocacy organisation?

Health Practitioner Regulation National Law Act 2009 establishes AHPRA's objectives:

- "To provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered"
- "To facilitate the provision of high quality education and training of health practitioners"

CONCERN: Reforming regulatory processes based on ACON partnership may exceed statutory authority or conflict with public protection mandate.

QUESTION 2: PROCEDURAL FAIRNESS

If AHPRA's regulatory standards have been shaped by ACON, can AHPRA provide a procedurally fair assessment of complaints against ACON-operated clinics? Or should it be allowed to undertake such assessments given the potential significant conflicts of interest that exist?

Principles of natural justice require a decision-maker to be independent and unbiased. AHPRA's partnership with ACON creates reasonable apprehension of bias when regulating ACON-operated clinics. Regulators must have governance processes that are independent, impartial and above reproach.

QUESTION 3: TRANSPARENCY AND ACCOUNTABILITY

AHPRA refused FOI requests for full details of ACON partnership, claiming release would be "contrary to the public interest" because it might discourage "unconventional, controversial, challenging or novel" views.

CONCERN: Public has right to know how regulatory standards are developed, especially when regulator partners with organisation that operates regulated clinics. Secrecy compounds accountability failure.

QUESTION 4: COMMONWEALTH/STATE RESPONSIBILITIES

AHPRA operates under national law but Kaleido receives NSW Government funding. Does NSW Government have oversight responsibility for clinic operated by an organisation that has captured a national regulator?

B9. Comparable Regulatory Capture Cases

Pattern: Advocacy organisation partners with public institution → institutional policies align with partner's positions → concerns raised about compromised independence → institution withdraws from partnership.

This situation parallels documented regulatory capture cases in other jurisdictions:

UK PRECEDENT – STONEWALL/NHS RELATIONSHIP:

UK public health authorities withdrew from Stonewall Diversity Champions Scheme, which was the UK's equivalent of ACON, amid concerns of perceived bias and ideological alignment. Like ACON, Stonewall had evolved from its original remit (LGB legal reform) into broader gender ideology advocacy, influencing NHS policies, curricula, and corporate standards in ways that compromised clinical judgement and freedom of speech.

RESULT: Public broadcaster recognised partnership compromised editorial independence.

AUSTRALIAN PRECEDENT – ABC/ACON RELATIONSHIP:

"This month the ABC was forced to abandon its partnership with ACON, following revelations that the broadcaster's news and programming had been heavily influenced by the radical agenda of the trans lobby group." (The Australian, 22 April 2026)

RESULT: Public broadcaster recognised partnership compromised editorial independence.

CURRENT CASE – AHPRA/ACON RELATIONSHIP:

Unlike ABC (which abandoned its partnership with ACON), AHPRA continues its partnership despite:

- Over 90 signatories on an open letter against Gender Affirming Interventions (coordinated by Australian Doctors Federation)³
- Independent audit documenting systematic non-compliance with ACL and informed consent standards across ACON-affiliated clinics
- Documented enforcement pattern favouring ACON advocacy positions over AHPRA professional standards, medical codes and consumer law
- Allowing ACON to publicly operate a clinic that shapes regulatory and industry standards (via HWEI/AWEI frameworks) despite documented non-conformance to law and professional standards"

DIFFERENCE: ABC is broadcaster; AHPRA is national health regulator with statutory authority over professional standards. The stakes for public safety are higher.

B10. Impact on Kaleido Compliance Assessment Findings

- This compliance assessment identifies serious violations of:
- Australian Consumer Law (10 ACL red flags)
- AHPRA professional standards (5 professional red flags)
- Corporate transparency requirements (false "separate entity" claim)

NORMAL COMPLAINT PATHWAY:

- ACL violations → ACCC complaint
- Professional standards violations → AHPRA complaint
- Corporate structure violations → ASIC/ACCC

PROBLEM WITH NORMAL PATHWAY:

Both primary complaint pathways are compromised by institutional partnerships with ACON:

³<https://ausdoctorsfederation.org.au/2025/06/15/open-letter-to-australian-health-bodies-regarding-gender-affirming-interventions/> (<https://archive.md/sCfNG>)

AHPRA (professional standards regulator): Active partnership with ACON, documented enforcement pattern favouring ACON advocacy positions over professional standards

ACCC (consumer law regulator): Bronze tier partnership with ACON via AWEI – of a Bronze Tier status - creating potential conflict of interest in adjudicating ACL complaints against ACON-operated or ACON-affiliated health services

RESULT: Complainants face a choice between:

- Regulators with compromised independence (AHPRA/ACCC)
- Ombudsman pathways (slower, less systemic enforcement power)
- Civil enforcement (resource-intensive, individual burden)

IMPLICATION: Standard regulatory safeguards against consumer harm and professional misconduct are unavailable when violations occur within advocacy organisation's network.

B10. Public Interest Considerations

This matter has exceptional public interest significance:

1. CHILDREN'S SAFETY: Kaleido treats minors (confirmed via hidden Q&A page) with gender-affirming hormone therapy without publicly disclosed:

- Age limits or eligibility criteria
- Parental consent requirements
- Minor-specific assessment protocols
- Court processes for capacity disputes

Professional standards regulator that should enforce these protections is compromised by relationship with clinic operator.

2. TAXPAYER ACCOUNTABILITY: Both AHPRA (via health practitioner registration fees) and Kaleido (via NSW Government funding) operate with public money. Public entitled to know that:

- National regulator has been captured by advocacy organisation
- Government-funded clinic operated by organisation that captured regulator
- Regulatory oversight is compromised

3. MEDICAL PRACTICE INTEGRITY: 46 registered health professionals formally complained about AHPRA/ACON relationship. Doctors report being "too scared to express any dissent to gender interventions" due to AHPRA enforcement pattern. This affects:

- Clinical judgement and evidence-based practice
- Freedom of speech and academic freedom
- Doctor-patient relationship and informed consent
- Public safety

4. VULNERABLE POPULATIONS: ACON's Pride in Health materials explicitly target LGBTQ+ community including:

- Young people and minors
- Individuals with high baseline psychiatric morbidity
- Individuals considering irreversible medical interventions

These populations deserve independent regulatory oversight, not oversight by organisation operating their clinics.

5. DEMOCRATIC ACCOUNTABILITY: If elected representatives and public cannot trust that national health regulator operates independently of advocacy organisations with commercial interests, entire regulatory system loses legitimacy.

B11. Conclusion

The AHPRA/ACON relationship documented in FOI materials represents regulatory capture that directly undermines the integrity of professional standards enforcement for gender-affirming medical services in Australia.

Kaleido Health Centre is operated by ACON Health Centre Limited – the same organisation whose advocacy positions have been embedded into AHPRA's regulatory processes through formal partnership arrangements.

This creates a circular accountability problem where:

- The organisation that shapes regulatory standards
- Also operates clinics subject to those standards
- Creating structural conflict that compromises independent oversight

The Professional Standards Red Flags identified in this compliance assessment are serious AHPRA violations. However, the compromised regulator cannot be relied upon for enforcement.

The Kaleido compliance assessment is not just about one clinic's website. It is a case study in what happens when regulatory capture prevents independent oversight of medical services for vulnerable populations.

APPENDIX 1

The following table – **Table 2: Standard Medical Model vs Gender Affirmation Model: Implications for Informed Consent** – more fully compares the two approaches. It identifies why ordinary medical standards require disclosure of risks, uncertainties, alternatives, and evidence quality, and why the absence of such disclosures on the Kaleido website is material under ACL sections 18 and 29.

Table 2: Standard Medical Model vs Gender Affirmation Model: Implications for Informed Consent

GENDER-AFFIRMING CARE (GAC) MODEL:	STANDARD MEDICAL MODEL OF CARE:
<ol style="list-style-type: none"> 1. No Requirement for Diagnosis: GAC does not require a formal diagnosis. Instead, it relies on the subjective report of the individual patient regarding their internal sense of gender. Feelings and self-declaration are sufficient to adopt any gender identity. 2. Lack of High-Quality Evidence: The GAC model is not based on high-quality evidence. Guidelines rely on clinician consensus rather than rigorous evidence, acknowledging the lack of robust supporting data. e.g. WPATH, RCH 3. Prevents High Quality Research: The proponents of GAC believe for example, it is unethical to subject individuals to randomised controlled trials (RCTs), which are the gold standard for evaluating treatment efficacy, because there is already a consensus to provide these treatments. 4. Undefined Benefits: The benefits of GAC are not clearly defined or measured. The primary goal is to reinforce the individual's gender identity, regardless of whether it improves any measurable outcomes. 5. Political Demand: GAC is strongly influenced by advocacy for the right to self-define gender identity, unconstrained by biological or social conventions, rather than by medical evidence or the need for stability. 	<ol style="list-style-type: none"> 1. Evidence-based medicine means that patients are not treated unless there is evidence that treatment is likely to help and unlikely to harm them. 2. Diagnosis: The process begins with a diagnosis by a doctor, identifying an illness or condition. 3. Evidence-Based Treatment: The doctor evaluates treatment options based on high-quality evidence to determine the best balance of benefits and harms for the individual patient. 4. Monitoring and Follow-Up: Continuous monitoring and follow-up are conducted to ensure the treatment is effective and beneficial for the patient. Treatment is modified based on outcomes and it further information becomes available to change the formulation. 5. Standard: Is the standard model of care with regards to all fields of medicine with the exception of gender affirming care.
<p style="text-align: center;">ASSOCIATED BELIEFS WITH GENDER AFFIRMATION</p>	<p style="text-align: center;">ASSOCIATED BELIEFS WITH STANDARD MODEL</p>
<ul style="list-style-type: none"> • People can literally be born into the "wrong" body. • Gender transition allows people to be their 'authentic' self. • Gender is innate and sex is socially constructed. • Gender is more important than sex in all instances. 	<ul style="list-style-type: none"> • A view of either, some people believe that you can literally be born into the "wrong" body". Or it is biologically impossible to be born into a wrong body, any beliefs to the contrary are wrong.

- Gender is determined by feelings and doesn't require scientific verification.
- Rights should be determined by gender identity.
- Social/medical/surgical alignment is an unquestionable human right and essential for individuals of all ages if desired.
- Disagreement with these beliefs is frequently characterised as bigoted, phobic, and considered abusive, constituting actual violence and should be sanctioned.
- Sex is not binary (male and female) but a spectrum that can have multiple sexes.
- Those with Developmental Sex Disorders belong to a different sex classification outside of the binary. • Chromosomes define sex rather than determine it.

- All individuals have the right to have differing beliefs but not all beliefs are true, correct or helpful.
- Sex and gender are both important. Individual contexts will determine which is more important.
- Rights may reflect both sex and gender but when in conflict sex takes priority as a biological entity with a more robust evidence base.
- Social/medical/surgical interventions may be helpful and appropriate for some individuals, but developmental ability, mental health and other relevant issues must be factored into decision making.
- Beliefs often change, particularly with age, including about gendered identity so caution should be given to all forms of transition.
- Human development includes critical windows of development for maturation, that if missed have lifelong effects. e.g. hearing, language, vision and development of our sexuality can only occur once physical maturity is achieved through puberty. It's important to show extreme caution in disrupting these critical periods.
- Multiple factors contribute to gendered identity just like all other identities.
- Disagreement and debate is necessary to advance knowledge.

INFLUENCE ON THERAPEUTIC APPROACHES	INFLUENCE ON THERAPEUTIC APPROACHES
<ul style="list-style-type: none"> • No Requirement for Diagnosis: GAC does not require a formal diagnosis. Instead, it relies on the subjective report of the individual patient regarding their internal sense of gender. • Affirmation Only: Always affirm the individual's beliefs and desired actions related to gender identity. Other beliefs and actions can be challenged as per usual practice. • Compliance at all levels: Advocate and facilitate policy and practice based on the above at all levels of influence. • Assessment, diagnosis, and case formulation are helpful in identifying and treating mental health issues; however, these should not preclude transition. • Best Interests mean: The benefits of transition outweigh any potential negative effects. • No debate: Challenging beliefs about gender identity is unacceptable. 	<ul style="list-style-type: none"> • Always affirm the individual but not all their beliefs and desired actions, similar to other forms of therapy. • Assessment, diagnosis and case formulation are essential to understanding the individual and their gendered identity. • All forms of affirmation constitute an intervention and intervention should be reserved until assessment and treatment of other significant issues are resolved and stabilised. • Challenging of beliefs is a necessary and normal part of therapy • Transition may be appropriate and helpful for some individuals but may be harmful and unhelpful for others. • All forms of transition have known and as yet unknown iatrogenic effects that must be considered and explored in decision making and therapy.
<p align="center">GENDER-AFFIRMING CARE MODEL SUMMARY:</p> <p>Based on the patient's subjective report, lacks high-quality evidence, does not involve standard medical evaluations like RCTs, and emphasises political rights over evidence-based outcomes.</p> <p>Emphasis on ideology & social sciences.</p> <p>Typically, Gender Affirming Care approach.</p>	<p align="center">TRADITIONAL MEDICAL MODEL SUMMARY</p> <p>Diagnosis by a doctor, treatment based on high-quality evidence, and continuous monitoring to ensure benefits to the patient.</p> <p>Emphasis on biological Sciences & material evidence.</p> <p>Typically, Gender Exploratory Therapy, Watchful Waiting Approach</p>

END OF Supplementary schedule B - REGULATORY accountability – AHPRA/ACON RELATIONSHIP