EXECUTIVE SUMMARY

Compliance Assessment: Gender Affirming Care Model vs Standard Medical Model

Submission to AHPRA and the Medical Board of Australia

Date: 20 May 2026
Subject: Serious concerns regarding compliance with *Good Medical Practice: A Code of Conduct for Doctors in Australia* in the provision of gender-related medical interventions

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PURPOSE

This submission identifies serious and systemic non-compliance with the Medical Board of Australia's *Good Medical Practice* Code (October 2020) in the delivery of gender-related medical care under what is commonly termed the "Gender Affirming Care" (GAC) model.

The assessment compares two approaches to treating gender distress:

1. **Standard Medical Model** - Evidence-based care following established medical principles
2. **Gender Affirming Care Model** - Affirmation-first approach as operationalised in current Australian practice

This analysis demonstrates that the GAC model, as currently practiced, violates at least **ten distinct sections** of the Code, including two areas of serious concern regarding patient safety.

METHODOLOGY

This assessment:

- Systematically compares both models against specific Code requirements
- References current systematic evidence reviews (Cass Review 2024, University of York systematic reviews, US Health and Human Services 2025 review)
- Draws on compliance audit findings from approximately 49 Australian private gender clinic websites
- Applies established medical ethics principles and regulatory standards

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KEY FINDINGS

SERIOUS NON-COMPLIANCE AREAS

1. Section 3.2.7 - Treatment Without Reasonable Expectation of Clinical Efficacy

The Code requires doctors to only recommend treatments when there is "a reasonable expectation of clinical efficacy and benefit for the patient."

Finding: The GAC model recommends hormonal and surgical interventions despite:

- Multiple systematic reviews concluding evidence is of poor quality
- Lack of randomised controlled trials
- Unknown long-term outcomes
- Persistent uncertainty about benefit
- Explicit statements in systematic reviews that evidence is insufficient

Evidence:

- Cass Review (2024): "The evidence base is remarkably weak"
- University of York systematic reviews: Repeated findings of "low" or "very low" certainty evidence
- US HHS Evidence Review (2025): Insufficient evidence for benefits in adolescents

Compliance Assessment: This constitutes a serious violation of fundamental medical practice standards. Recommending permanent, irreversible interventions without robust evidence of efficacy directly contravenes Code obligations.

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2. Section 10.7.3 - Exploiting Patient Vulnerability Through Unsubstantiated Claims

The Code prohibits "exploiting patients' vulnerability or fears about their future health, or raising unrealistic expectations."

Finding: GAC clinic websites and promotional materials commonly:

- Claim interventions prevent suicide (no robust evidence supports this)
- Exploit parental fear with framing such as "would you rather a dead daughter or a living son?"
- Guarantee positive outcomes ("affirmation," "authenticity," "true self")
- Present interventions as medically necessary when evidence is contested

Evidence:

- Systematic audit of 49 Australian private gender clinic websites
- No robust evidence links gender interventions to suicide prevention
- Cass Review explicitly addresses lack of suicide prevention evidence

Compliance Assessment: This represents serious exploitation of vulnerable patients and families through misleading claims that raise unrealistic expectations.

ADDITIONAL NON-COMPLIANCE AREAS

3. Section 3.2.6 - Not Providing Treatment Options Based on Best Available Information

GAC practitioners often rely on single advocacy-aligned guidelines (e.g., AusPATH 2025) while dismissing or not engaging with contrary systematic evidence from multiple independent reviews.

4. Section 3.2.4 - Not Adequately Considering Balance of Benefit and Harm

Known harms (sterility, sexual dysfunction, bone health impacts, lifelong medical dependency) are minimised while uncertain benefits are overstated.

5. Sections 4.5.1-2 - Inadequate Informed Consent

Information provided often omits:

- Evidence uncertainty and quality issues

- Alternative psychotherapeutic approaches
- Full scope of sexual function impacts (beyond fertility)
- Unknown long-term outcomes
- Contested nature of evidence base

6. Sections 4.6.2-3 - Insufficient Consideration of Young People's Capacity

The "affirmative" approach may privilege adolescent self-identification over appropriate assessment of developmental capacity to consent to permanent, life-altering interventions.

7. Section 2.1 - Honesty and Trustworthiness

Misrepresentation of evidence certainty and characterisation of interventions as "medically necessary" or "life-saving" without robust evidence violates fundamental honesty obligations.

8. Section 3.2.8 - Failure to Disclose Professional Disagreement

GAC practitioners often present their approach as settled medical consensus without disclosing significant professional disagreement and evidence uncertainty highlighted in multiple systematic reviews.

9. Sections 10.9.1-2 - Misleading Medical Reports and Certificates

Letters supporting surgical referrals or legal sex changes may overstate evidence certainty and present affirmation as medically necessary without acknowledging contested evidence base.

10. Sections 8.2.3-4 - Inadequate Adverse Event Monitoring

Limited systematic long-term follow-up and outcome tracking, with adverse events (detransition, regret, complications) often not systematically recorded or reported.

COMPARISON WITH STANDARD MEDICAL MODEL

The Standard Medical Model demonstrates full compliance with the Code by:

- Basing treatment recommendations on best available systematic evidence
- Only recommending interventions when there is reasonable expectation of efficacy
- Providing comprehensive informed consent including evidence uncertainty
- Adequately weighing benefits against known and unknown harms
- Maintaining professional honesty about evidence limitations
- Ensuring systematic outcome monitoring and adverse event reporting

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REGULATORY IMPLICATIONS

These compliance failures have serious implications:

1. **Patient Safety:** Patients, particularly vulnerable young people, are being exposed to permanent, irreversible interventions without adequate evidence of benefit
2. **Informed Consent:** Consent obtained without full disclosure of evidence uncertainty and contested professional views may not meet legal and ethical standards
3. **Professional Standards:** Systematic deviation from Code requirements undermines public trust in medical regulation

4. **Vulnerable Populations:** Young people and their families are particularly vulnerable to exploitation through unsubstantiated claims

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RECOMMENDATIONS

AHPRA and the Medical Board should:

1. **Issue clear guidance** that gender-related medical interventions must comply with standard Code requirements, particularly:
    - Section 3.2.7 (reasonable expectation of efficacy)
    - Section 4.5 (informed consent including evidence uncertainty)
    - Section 10.7.3 (not exploiting vulnerability)
2. **Require informed consent processes** that explicitly disclose:
    - Evidence quality and uncertainty
    - Contested nature of evidence base
    - Alternative approaches including psychotherapeutic options
    - Full scope of permanent effects including sexual function
    - Unknown long-term outcomes
3. **Prohibit misleading claims** about suicide prevention, medical necessity, or guaranteed outcomes in the absence of robust supporting evidence
4. **Mandate systematic outcome tracking** including regret, detransition, and long-term complications as part of risk management obligations
5. **Clarify that** exploration of psychological factors underlying gender distress is standard medical practice, not "conversion therapy"
6. **Ensure compliance** through targeted audit of practices providing gender-related interventions

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CONCLUSION

The evidence demonstrates systematic non-compliance with fundamental Code requirements in the provision of gender-related medical care under the Gender Affirming Care model.

The Standard Medical Model, which bases treatment recommendations on best available evidence and maintains appropriate professional standards, is fully compliant with the Code.

AHPRA and the Medical Board have a responsibility to ensure that all medical practice, including in this emerging area, meets the standards expected of the profession. Vulnerable young people and their families deserve the same evidence-based, ethically sound medical care required in all other areas of medicine.

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Attachments:

- Full Compliance Matrix: Standard Medical Model vs Gender Affirming Care Model
- Supplementary Schedules A and B (clinic audit methodology and findings)