Assessment of Public Website Materials – ACON Health Centre Limited

Clinic Name:	**Kaleido Health Centre (ACON Health Centre Limited)**
Home Page:	https://kaleidohealth.org.au/
Audit Period:	3 March - 24 April 2026, Website content retrieved 24 April 2026
Auditor:	Catherine Anderson-Karena – Independent Test Analyst
Audit ID / Version:	KHC-ACL-2026-01 (v1.7)
Clinic Type:	GP-led primary care; LGBTQ+ health service (NSW government funded)
Date of Charter:	26 April 2026 (Updated May 8, 2026)

INFORMED CONSENT COMPLIANCE ASSESSMENT

Australian Consumer Law Assessment - Sections 18 & 29 Assessment

Objectives

1. To determine whether publicly available website materials contain representations or omissions that are, or are likely to be, misleading or deceptive (ACL s 18) or false/misleading in specific respects (ACL s 29) regarding gender-affirming services.
2. To assess the adequacy of pre-treatment public information for informed consumer decision-making, with particular attention to age eligibility, risks, benefits, evidence quality, irreversibility, fertility, alternatives, and minor-specific considerations.
3. To provide factual, evidence-based findings suitable for regulatory consideration (ACCC primary pathway).

Scope

- **In scope:** All publicly accessible pages, navigation, findability, and content on https://kaleidohealth.org.au/ as at 24 April 2026 (including pages discovered via site search but not standard navigation).

- **Out of scope:** Internal clinical records, patient-specific consent forms, or direct observation of clinical practice. Absence of information on the public site does not prove its absence internally, but public materials form a material part of the consent process.
- **Explicit exclusions:** Broader policy or regulatory capture analysis is addressed separately for enforcement recommendations only.

Criteria

- Australian Consumer Law (Schedule 2, Competition and Consumer Act 2010) ss 18, 29(1)(a), (g), (l).
- ACCC guidance on clear, prominent, and non-hidden material information and the “reasonable consumer” test.
- Relevant evidence syntheses on materiality of disclosures (see Appendix B and link to Evidence Background Research).
- Website communications assessed against ISO 9001:2015 clause 7.4 for controlled external information release.

Methodology

Context-driven exploratory website testing plus systematic navigation and findability content audit/compliance review against a defined set of criteria (e.g., ISO principles, law, standards, or professional guidelines as detailed in Appendix A). All findings are evidence-based (screenshots, archived pages, date-stamped retrieval). ISO 19011 principles applied for objective evidence collection.

Independence & Competence

Independent external analyst, BBST qualified and a lead AST Instructor. Compliance assessment/audit conducted without funding or direction from any interested party.

Reporting

Findings will be presented factually with linked evidence. Limitations will be stated. Recommendations will be proportionate and focused on corrective disclosure.

Approval

Analyst: _____ *Date: 8 May 2026*

Catherine Anderson-Karena,
Founding Director, Active Watchful Waiting Inc, Independent Test Analyst, Test-Ed

Table 1: High-Priority Evidence Sources on Evidence Quality and Psychiatric/Mental Health Outcomes in Adolescent Gender Medicine

(Used to establish materiality of disclosures under ACL ss 18 & 29)

Source & Year	Type	Key Findings Relevant to Informed Consent	Evidence Quality / Certainty
Cass Review (Final Report) 2024[1]	Independent systematic evidence review (NHS England)	Low/very low certainty evidence for benefits of puberty blockers and cross-sex hormones on mental health, gender dysphoria, or long-term outcomes; recommends holistic assessment and cautions against routine medical pathways.	Systematic; GRADE-like appraisal
U.S. HHS "Treatment for Pediatric Gender Dysphoria" 2025[2]	Umbrella review of evidence & best practices	Very low certainty of long-term benefits; sparse and weak harms reporting; absence of detected harm ≠ evidence of safety; highlights methodological limitations (observational designs, short follow-up, high loss-to-follow-up).	Comprehensive umbrella review
York / Archives of Disease in Childhood systematic reviews 2024[3]	Two independent systematic reviews (puberty suppression & adolescent hormones)	No high-quality comparative studies; evidence is low/very low certainty for mental health, cognitive, fertility, sexual function, and cardiometabolic outcomes; puberty is suppressed as intended but downstream effects remain inconclusive.	Systematic reviews (commissioned by NICE/Cass process)
Ruuska et al. Acta Paediatrica 2026[4]	Nationwide Finnish register study (n = 2,083 gender-referred adolescents + 16,643 matched controls, 1996–2019)	Psychiatric morbidity markedly higher than controls both before (45.7% vs 15.0%) and ≥2 years after referral (61.7% vs 14.6%). Needs increased significantly post-medical gender reassignment (e.g., 9.8% → 60.7% in feminising pathway; 21.6% → 54.5% in masculinising). Later cohorts (post-2010) showed greater psychiatric needs. Adjusted hazard ratios remained 3–6× higher than controls regardless of medical intervention.	High-quality register-based cohort with long follow-up; mandatory national data

These key sources establish that risks, uncertainties, and psychiatric outcome data are material information a reasonable consumer (including parents of minors) requires for informed decision-making. See **Appendix B—** For **specific** evidence criteria used to construct the informed consent checklist

SECTION 1 – BASIC TRANSPARENCY

1.1 Does the clinic clearly state what services it provides? **Yes**

The clinic states it provides 'Gender Affirming Hormone Therapy' (GP-led), 'Social Transition Support', 'Access to Surgery' (referrals), 'Mental Health', 'Peer Support', 'Social Work', and 'Warm Referrals' to specialists. Future services listed include fertility preservation, legal support, and additional allied health.

1.2 Is it clear whether the clinic treats: All ages (including minors) **No**

A Q&A page (https://kaleidohealth.org.au/q-and-a/) not accessible via standard navigation states: 'Kaleido Health services are for people of all ages, including young people and those under 18.' However, this critical age eligibility information does not appear on the Gender Affirmation service page, the Child, Family & Youth page, or any page accessible through the main menu navigation.

1.3 Are age limits, eligibility criteria, or exclusions clearly explained? **No**

The hidden Q&A page states 'Some clinics or services may be for specific age groups only (e.g. youth clinics, 18+ services) but this will be highlighted in the service description when you go to book.' However, the Gender Affirmation service page shows no age restrictions or eligibility criteria in its service description. No age-specific protocols, parental consent requirements, or minor-specific assessment processes are disclosed anywhere on publicly accessible pages, including via the booking process. Material age eligibility information is effectively hidden from consumers navigating the site normally.

Finding 1: Clinic treats minors but this confirmation is on a Q&A page not accessible via standard navigation, while providing no minor-specific informed consent information on service pages where consumers would expect to find it. Research via the Way-back machine found that the Q&A page was previously accessible via the main navigation menu until mid-February 2025, after which the link was removed and has remained absent for over 14 months (see Appendix A).

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines[5]) requires age-appropriate informed consent processes and documentation of eligibility assessment. Clinic confirms it treats all ages including minors via hidden Q&A page, but provides no age limits, eligibility criteria, parental consent requirements, or minor-specific protocols on publicly accessible service pages → **material gap under ACL s18 and s29(1)(g): reasonable consumer (including parents/guardians) cannot determine service suitability or understand consent obligations because material information is hidden from normal navigation.**

SECTION 2 – CLAIMS ABOUT BENEFITS

2.1 Does the clinic claim or imply that medical treatment:

☐ Improves mental health
☐ Reduces depression
☐ Reduces suicidality
☐ Resolves or improves psychiatric comorbidities
☐ Is 'life-saving'
☐ Is 'medically necessary'
☑ Is 'evidence-based'
☐ Prevents future harm
☐ Changes biological sex
☐ Other

"We empower trans and gender-diverse individuals to affirm their identities safely and confidently." Services described as "evidence-based care." No specific mental health outcome claims are made, but "safe" appears without qualification.

2.2 Are these benefits described as certain/proven/possible/unclear?: **Unqualified**

The clinic states services 'align with the AusPATH Standards of Care and NSW Health Pathways, ensuring that all Kaleido clinicians provide developmentally appropriate, evidence-based care.' No qualification or limitation is provided regarding the strength or certainty of evidence. Reviewer comment: Benefits are implied but not categorised by evidence level. The phrase "evidence-based care" is used without any specification of what evidence base exists or its quality.

2.3 Does the clinic clearly state when evidence is limited or uncertain? **No**

No mention of evidence limitations, uncertainty, or the low/very-low certainty ratings found in major systematic reviews. No caveats, limitations, or uncertainty statements of any kind appear on the gender affirmation page.

2.4 Does it mention uncertainties or low evidence quality? **No**

None.

Finding 2: Strong benefit claim ('evidence-based care') with no mention of uncertainty, despite independent systematic reviews (Cass 2024, HHS 2025, York reviews) finding low/very-low certainty evidence for most long-term outcomes.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) acknowledges evidence limitations in some areas but permits claims of 'evidence-based' practice. Independent systematic reviews (Cass 2024, HHS 2025, York reviews, NZ brief, UK CHM) consistently find low/very-low certainty evidence for mental health and long-term outcomes. Clinic's unqualified 'evidence-based care' claim without disclosure of evidence uncertainty → **material gap under ACL s18: reasonable consumer would assume robust evidence base exists when independent reviews document substantial uncertainty.**

SECTION 3 – DISCLOSURE OF RISKS AND HARMS

3.1 Does the clinic list physical risks of treatment? **No**

None. No physical risks of hormone therapy are disclosed on the public website.

3.2 Are long-term risks discussed? **No**

3.3 Are risks described as rare/common/variable?: **Not described**

3.4 Mentions long-term unknowns (bone health, neurocognitive effects, cardiovascular risks, sexual function, persistent/worsening psychiatric morbidity)? **No**

3.5 Does the clinic specifically state that puberty blockers may affect bone density, sexual development, fertility potential, adult sexual function, neurodevelopmental or cognitive effects, or long-term health uncertainty? **No**

FINDING 3: Complete absence of risk disclosure on public website, despite offering 'Gender Affirming Hormone Therapy' as a current service.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

Even AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines[1]) requires disclosure of risks including fertility, bone density, cardiovascular effects, and other system-specific risks during clinical consent processes. Clinic provides zero risk disclosure on public website → **material gap under ACL s18 and ACL s29(1)(g): reasonable consumer would be materially misled by omission of material information about treatment risks when considering whether to engage services.**

SECTION 3A – MENTAL HEALTH CLAIMS AND EVIDENCE

3A.1 Does the clinic claim treatment improves mental health outcomes? **Unclear**

The clinic does not make explicit mental health benefit claims regarding gender-affirming hormone therapy on the public website. However, the Mental Health page states 'inclusive, accessible, and high-quality mental health care' is integrated across services.

3A.2 Does it acknowledge evidence showing psychiatric morbidity may persist or increase post-treatment? **No**

3A.3 Are baseline psychiatric comorbidities (depression, anxiety, autism, ADHD) discussed as relevant to treatment decisions? **No**

The Mental Health page acknowledges 'high rates of trauma, PTSD, anxiety, depression, suicidality and other mental health challenges' among LGBTQ+ clients but does not connect this to gender-affirming treatment assessment or outcomes.

FINDING 4: Acknowledgement of high baseline psychiatric morbidity in client population, but no disclosure that longitudinal evidence (Ruuska 2026, Cass 2024) shows psychiatric service use often intensifies post-medical intervention.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) requires assessment and documentation of mental health but does not require disclosure that psychiatric morbidity may persist or worsen. Independent evidence (Ruuska 2026 Finnish 10-year study, Cass systematic reviews) shows psychiatric service use increases post-intervention. Clinic acknowledges high baseline psychiatric morbidity but omits this longitudinal evidence → **material gap under ACL s18: reasonable consumer would assume mental health improves with treatment when evidence shows otherwise.**

SECTION 4 – IRREVERSIBILITY AND PERMANENCE

4.1 Does the clinic clearly explain that some effects may be irreversible? **No**
Not found in public materials.

4.2 Does it specify which effects may be irreversible? **No**
Not found in public materials.

4.3 Does the clinic avoid implying that treatment is easily reversible? **Unclear**

The site makes no explicit reversibility claim, but also makes no irreversibility disclosure. The omission itself is misleading by default — a reasonable prospective patient would have no basis to understand permanence of effects.

FINDING 5: No disclosure of irreversible effects on public website.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

Even AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) requires discussion of irreversible effects during clinical consent. **Clinic provides no public disclosure → material gap under ACL s18 and s29(1)(g): omission of material information about permanence of effects.**

SECTION 5 – FERTILITY AND SEXUAL DEVELOPMENT

5.1 Does the clinic clearly state that treatment may affect fertility? **No**

Fertility is mentioned only as a future service: 'Fertility Preservation, on-site consultation and support for fertility preservation before or during transition.' No warning that hormone therapy may affect fertility.

5.2 Is fertility preservation discussed before treatment is described? **No**

Fertility preservation is listed as a 'Future Service' not yet available, not as a prerequisite consideration.

5.3 Are limits or uncertainties about fertility preservation acknowledged? **No**
Not found in public materials.

5.4 Does the clinic discuss possible impacts on sexual development or function? **No**
Not found in public materials.

FINDING 6: Fertility preservation mentioned only as unavailable future service; no disclosure that hormone therapy may impair fertility or sexual function.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

Even AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) requires fertility counselling and discussion of fertility preservation options before initiating treatment. Clinic lists fertility preservation as unavailable future service and provides no disclosure of fertility risks → **material gap under ACL s18 and s29(1)(g): reasonable consumer unaware that treatment may permanently affect fertility before fertility preservation access is available.**

SECTION 6 – ALTERNATIVES AND CHOICE

6.1 Does the clinic mention non-medical alternatives (psychological support, watchful waiting)? **No**

The clinic offers mental health services and 'Social Transition Support' but does not describe watchful waiting or non-medical pathways as alternatives to hormone therapy.

6.2 Are alternatives described as legitimate options (not obstacles or delays)? **Not discussed**

6.3 Does the clinic avoid presenting medical treatment as the only responsible path? **Unclear**

Medical treatment is presented as a core service without discussion of whether it is necessary or preferable to other approaches.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) permits informed consent model but does not require disclosure of alternatives in public materials. Independent systematic reviews (Cass 2024) emphasise watchful waiting and psychological support as valid pathways given evidence uncertainty. Clinic provides no discussion of alternatives → **material gap under ACL s18: reasonable consumer unaware that non-medical options exist.**

SECTION 7 – PATHWAY AND PROGRESSION

7.1 Does the clinic explain what typically happens after the first intervention? **No**

Not found in public materials. No treatment pathway, staging, or progression information provided.

7.2 Is it clear that some patients go on to further medical or surgical steps? **Partially**

The clinic lists 'Access to Surgery' (assistance with referrals and preparation for gender-affirming surgeries) as a current service, indicating surgical pathway exists but without discussing progression rates or likelihood.

7.3 Progression presented as choice, likely pathway, or not discussed? **Not discussed**

Surgery mentioned as separate service. Surgery is listed alongside hormone therapy without any explanation of sequencing, rates, or what factors influence further steps.

FINDING 7: No disclosure of high progression rates from initial intervention to further medical/surgical steps documented in systematic reviews.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) does not require disclosure of progression rates in public materials. Independent evidence (Cass 2024, Dutch cohort studies) shows very high progression rates from puberty blockers to cross-sex hormones (95%+). Clinic mentions surgery referrals but omits progression data → material gap under **ACL s18: reasonable consumer unaware that initial intervention typically leads to irreversible medical pathway.**

SECTION 8 – LANGUAGE AND TONE

8.1 Does the website use emotionally loaded language? **Partially**

Language is generally professional and measured. No 'life-saving', 'denial of care', or 'dangerous to wait' rhetoric. But the language throughout is affirmational and advocacy-oriented rather than strictly clinically neutral: "*We empower trans and gender-diverse individuals to affirm their identities safely and confidently." "Welcome home, rainbow families."*

8.2 Are parents or sceptics portrayed negatively or dismissively? **No**

No direct negative framing of sceptics or concerned parents detected.
Reviewer's Comment: However, the absence of any acknowledgement of parental concerns or clinical debate is itself a form of erasure.

8.3 Is disagreement framed as ignorance or bigotry rather than legitimate uncertainty? **No**

Not found in public materials. Disagreement is not addressed — it is simply absent.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) does not specify language requirements for public materials. Clinic's tone is professional and non-alarmist → no ACL concern identified in this section.

SECTION 9 – EVIDENCE AND AUTHORITY

9.1 Does the clinic cite guidelines or organisations? **Yes**

The clinic states: 'Our services align with the AusPATH Standards of Care and NSW Health Pathways, ensuring that all Kaleido clinicians provide developmentally appropriate, evidence-based care.'

9.2 Does the clinic explain the strength or limits of the evidence behind those guidelines? **No**

No disclosure that AusPATH guidelines scored 19% on AGREE-II rigorous evidence assessment or that they are under review for replacement with NHMRC GRADE-based guidelines. Guidelines are cited as authority statements only, with no explanation of what those standards contain, how they were developed, or their evidence base.

9.3 Does the clinic rely on authority statements instead of explaining risks and uncertainty? **Yes**

The clinic relies on alignment with AusPATH and NSW Health Pathways as assurance of 'evidence-based care' without disclosing evidence limitations or risks.No primary evidence, systematic reviews, or effect size data are discussed.

9.4 Does it mention major reviews (Cass Review, Queensland Vine Panel, international restrictions on blockers/hormones)? **No**

Not found in public materials. No reference to any critical review, international regulatory restriction, or evidentiary controversy.

9.5 Does it reference or mention the AusPATH Informed Consent model? **Yes**
(implicitly)

The Gender Affirmation page states: 'We use an informed consent model to support non-complex transgender health in primary care, with referrals to specialist providers as needed.'

FINDING 8: Authority substitution: claims of 'evidence-based care' based on AusPATH alignment without disclosing that AusPATH scored 19% on rigorous evidence grading and is under review for replacement.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) permits informed consent model for 'non-complex' cases. Clinic cites AusPATH alignment as evidence of quality care but omits that:

(1) AusPATH guidelines scored 19% on AGREE-II rigorous assessment,
(2) guidelines are under review for replacement with NHMRC GRADE-based guidelines using same methodology as Cass Review,

(3) independent systematic reviews (Cass, HHS, York, NZ, UK CHM) consistently found low/very-low certainty evidence. Authority substitution without disclosure of guideline limitations → **material gap under ACL s18: reasonable consumer would assume robust evidence base when guideline authority itself is contested.**

SECTION 10 – MINORS-SPECIFIC (ONLY IF CLINIC TREATS UNDER-18S)

10.1 Does it clearly state parental/guardian consent is required? **No**

No statement on parental consent requirements anywhere on the public website, despite Q&A page confirming clinic treats minors.

10.2 Does it explain court involvement if there is dispute on diagnosis/treatment/capacity? **No**

FINDING 9: Clinic confirms via hidden Q&A page that it treats 'people of all ages, including young people and those under 18', yet provides zero information about parental consent requirements, minor-specific assessment protocols, age-differentiated risks, or Family Court processes for capacity/treatment disputes.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) requires parental/guardian consent for minors and Family Court involvement if dispute exists regarding capacity or treatment. Clinic confirms it treats minors but provides no disclosure of parental consent requirements, minor-specific protocols, or court processes → **material gap under ACL s18 and s29(1)(g): parents/guardians unaware of consent obligations and legal processes when considering gender services for their children. This is particularly concerning given clinic's claim of providing 'developmentally appropriate' care to all ages without disclosing what age-differentiated protocols exist.**

SECTION 11 – LINKS AUDIT

11.1 Links to trans-affirmation or advocacy websites found on public pages:

The following advocacy or trans-affirmation linked organisations / branding were identified:

• ACON (parent organisation): The clinic is operated by ACON Health Centre Limited, a prominent LGBT advocacy organisation. The ACON brand appears in image metadata (photo credits: "ACON_HStewart") and in the fundraising donation link (fundraisewithacon.org.au).

• AusPATH (cited standard): AusPATH is an advocacy-affiliated professional association. The clinic cites its standards without noting that AusPATH guidelines have not been independently subjected to systematic evidence review comparable to the Cass Review.

• No external links to balanced clinical information, patient decision aids, or independent evidence resources were found.

ACL Compliance Issue and AusPATH 2025 Benchmark Comparison

AusPATH 2025 (scored 19% on rigorous evidence assessment; under review for replacement with NHMRC GRADE-based guidelines) does not address external links in public materials. No ACL concern identified in this section.

OVERALL ASSESSMENT

ACL RATING: MATERIALLY DEFICIENT IN KEY INFORMED-CONSENT DISCLOSURES

AusPATH Compliance Note: Does not meet prevailing guideline

Summary:

Kaleido Health Centre's public website provides insufficient information for informed consent under Australian Consumer Law. The clinic claims to provide 'evidence-based care' aligned with AusPATH Standards but discloses no treatment risks, irreversible effects, fertility impacts, or evidence limitations on publicly accessible pages. Most critically, the clinic confirms via a hidden Q&A page (not accessible through standard navigation) that it treats 'people of all ages, including young people and those under 18', yet provides zero information about age limits, parental consent requirements, minor-specific protocols, or court processes on its service pages. Independent systematic reviews (Cass 2024, HHS 2025, York reviews, Ruuska 2026) consistently find low/very-low certainty evidence for mental health and long-term outcomes, yet the clinic makes unqualified 'evidence-based' claims. Even AusPATH 2025 guidelines (scored 19% on AGREE-II; under review for replacement with NHMRC GRADE-based guidelines) require disclosure of risks and fertility counselling that are absent from public materials. Multiple material omissions prevent reasonable consumer assessment of suitability and risks, with particular concern for parents/guardians considering services for minors.

These omissions breach ACL by failing ISO 9001-like controls on public information.

ACL FINDINGS:

1. **Material age eligibility information hidden** on Q&A page not accessible via standard navigation; service pages provide no age limits, eligibility criteria, or exclusion information (ACL s18, s29(1)(g), s29(1)(l))

2. **Unqualified 'evidence-based care'** claim without disclosure of evidence uncertainty documented in independent systematic reviews (ACL s18)

3. **Strong benefit claims** ("safe", "evidence-based") with no mention of uncertainty, evidence limits, or the contested nature of the evidence base. (ACL s18)

4. **Complete absence of risk disclosure** despite offering hormone therapy (ACL s18, s29(1)(g))

5. **No disclosure of irreversible effects (**ACL s18, s29(1)(g))

6. **Fertility impact not disclosed.** Fertility preservation listed as unavailable future service; no warning that current hormone therapy may impair fertility (ACL s18, s29(1)(g))

7. **No discussion of non-medical alternatives** (watchful waiting, psychological support as standalone pathways) (ACL s18)

8. **No disclosure of high progression rates** from initial intervention to irreversible medical pathway (ACL s18, s29(1)(g))

9. **Authority substitution:** AusPATH alignment claimed as evidence of quality without disclosing that AusPATH scored 19% on rigorous evidence grading and is under review for replacement (ACL s18)

10. **Minors possibly in scope, no consent process visible.** Clinic confirms it treats minors via hidden Q&A page, paediatric referrals listed; but provides zero minor-specific information on service pages: no parental consent requirements, no age-differentiated protocols, no court dispute processes (ACL s18, s29(1)(g))

11. **Claim of 'developmentally appropriate' care for all ages without disclosure** of what age-differentiated assessment or treatment protocols exist (ACL s18, s29(1)(l))

REGULATORY ACCOUNTABILITY CONCERN: AHPRA - ACON RELATIONSHIP

This compliance assessment identifies multiple potential gaps in public disclosure that would, if present in clinical practice, engage duties under the **Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia (**October 2020),[6] particularly *sections* Sections 3. Providing good care, 4. Working with patients and 8. Patient safety and minimising risk.[7]

Publicly available Freedom of Information documents indicate that ACON (the parent organisation of Kaleido Health Centre) maintains formal partnerships with AHPRA, including commercial training and advisory arrangements, and that AHPRA has referenced these partnerships in planning regulatory and policy initiatives. In light of this relationship and documented enforcement patterns in related matters, this audit recommends the ACCC as the primary enforcement pathway for the Australian Consumer Law issues identified. Additional avenues (NSW Health Minister, OAIC, parliamentary scrutiny) may be appropriate for broader governance questions.

Full documentation of these considerations is provided in Supplementary Document B for completeness.

PROFESSIONAL STANDARDS FINDINGS (SEPARATE FROM ACL RATING):

- Regulatory accountability context before red flags
- Full AHPRA Code of Conduct citations (Section 1.2, 2.1, 3.5, 3.6, 3.12)
- Each finding explained with enforcement concerns
- References Appendix C for full analysis

Each finding below cites the specific AHPRA standard violated. Enforcement concerns are detailed in Supplementary Document B

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

RELEVANT AHPRA STANDARD: Medical Board of Australia Code of Conduct (October 2020), Section 3.12 "Working within scope of practice"

- "Good medical practice involves... recognising and working within the limits of your competence and scope of practice"

- "Seeking appropriate advice from, and referring patients to, other competent practitioners when indicated"

EXPLANATION: 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
- 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 3.5 "Informed consent"

- "When providing information to a patient, you must... give the patient information about the proposed treatment in a way they can understand, so that they can make an informed decision"

- "Ensure the information you provide is balanced and not influenced by your personal beliefs and biases"

EXPLANATION: Gender Affirmation page states clinic uses "informed consent model to support non-complex transgender health in primary care, with referrals to specialist providers as needed." No public disclosure of:

- What clinical criteria define "non-complex" vs. "complex" cases
- What assessment process determines complexity
- When specialist referral is "needed"
- What "specialist providers" means (endocrinologist? psychiatrist? multidisciplinary team?)

Reasonable consumer cannot make informed decision about service suitability without understanding 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 Code of Conduct, Section 3.5 "Informed consent"

- "When providing information to a patient, you must... give the patient information about... material risks of any intervention, including foreseeable risks of harm"

- "Ensure the information you provide is balanced and not influenced by your personal beliefs and biases"

ALSO: Section 2.1 "Maintaining your performance"

- "Good medical practice involves... making the care of patients your first concern"

EXPLANATION: Mental Health page acknowledges "high rates of trauma, PTSD, anxiety, depression, suicidality and other mental health challenges" among LGBTQ+ clients.

However, no disclosure that:

- Independent longitudinal evidence (Ruuska 2026 Finnish 10-year study) shows psychiatric service use intensifies post-gender medical intervention
- Cass Review (2024) systematic reviews found low/very-low certainty evidence for mental health benefits
- High baseline psychiatric comorbidity (depression, anxiety, autism, ADHD) is relevant to treatment assessment and prognosis

Balanced information requires disclosure of evidence that psychiatric morbidity may persist or worsen, not just acknowledgement that baseline rates are high.

FINDING 4: Fertility preservation listed as unavailable future service while current hormone therapy proceeds, creating temporal gap in access to WHO-recognised reproductive healthcare standard.

RELEVANT AHPRA STANDARD: Medical Board of Australia Code of Conduct, Section 3.5 "Informed consent"

- "When providing information to a patient, you must... give the patient information about... material risks of any intervention, including foreseeable risks of harm"

ALSO: Section 1.2 "Providing good care"

- "Practising patient-centred care, including... responding to the patient's preferences, values and expectations"

FINDING 5: Gender Affirmation page lists current service "Gender Affirming Hormone Therapy" while listing future service "Fertility Preservation, on-site consultation and support for fertility preservation before or during transition."

This creates temporal gap where:

- Hormone therapy is currently provided
- Fertility preservation is not yet available
- No warning on public website that hormones may impair fertility
- Patients cannot access fertility preservation before beginning treatment that may affect fertility

Even AusPATH 2025 guidelines (scored 19% on AGREE-II) require fertility counselling before initiating treatment. WHO recognises reproductive healthcare as fundamental human right. Temporal gap violates informed consent and patient-centred care standards.

FINDING 6: 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 Code of Conduct, Section 3.6 "Children and young people"

- "When treating children and young people, good medical practice involves... placing their interests first"

- "Making sure, wherever practical, that arrangements are made to meet the specific health needs of young people, such as... providing treatment that is appropriate to their age and developmental stage"

ALSO: Section 3.12 "Working within scope of practice"

- "Recognising and working within the limits of your competence and scope of practice"

FINDING 7: Hidden Q&A page confirms 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 for adolescents
- Age-differentiated clinical pathways
- Court processes if disputes arise regarding capacity or treatment
- How "developmentally appropriate" care differs by age group

This is particularly serious given:

- Irreversible nature of hormone interventions
- High progression rates from puberty blockers to cross-sex hormones (95%+ per Cass Review)
- Evidence that minors cannot reliably consent to long-term fertility impacts (neurodevelopmental research)
- Family Court precedent requiring enhanced safeguards for minors in gender medical treatment

Treating minors without public disclosure of age-specific safeguards violates duty to place children's interests first and provide developmentally appropriate care.

END OF COMPLIANCE ASSESSMENT REPORT

APPENDIX SECTION: A, B, Supplementary Documents A & B

Appendix A: Methodology & Navigation Audit

- 30 accessible pages mapped
- Hidden Q&A page discovery via Google search
- Systematic findability testing
- Legal analysis of information accessibility under ACL
- Recommended screenshot evidence

Appendix B — Evidence Criteria Used to Construct the Informed Consent Checklist

- Includes the evidence-derived tables for puberty blockers, feminising hormones, masculinising hormones, and surgery referral pathways.

Supplementary Document A: Corporate Structure Misrepresentation (see attachment)

- Q&A claims vs. ABN reality
- "Separate entity" false representation
- ACL s29(1)(a) finding analysis
- Privacy and accountability implications

Supplementary Document B: Regulatory Accountability / AHPRA–ACON Relationship (see attachment)

- FOI evidence of AHPRA/ACON partnership
- Circular accountability problem documented
- Each professional violation mapped to specific AHPRA standard with enforcement concerns
- Recommended multi-pathway approach (ACCC, NSW Health Minister, OAIC, Parliamentary inquiry)
- Comparable cases (UK Stonewall/NHS, ABC/ACON)
- Public interest analysis

APPENDIX A: METHODOLOGY & WEBSITE NAVIGATION AUDIT

DEFINITION OF TERMS: AUDIT - In the test, quality assurance, software industry, the use of the word "audit," means a systematic, independent examination of records, processes, or controls to assess compliance or quality against a defined set of criteria (e.g., ISO principles, standards, or professional guidelines).

A1. METHODOLOGY OF AUDIT

STEP 1 - INITIAL NAVIGATION AUDIT (3 March - 24 April 2026)
Exploratory tour of the Kaleido Health Centre website.
Systematically accessed every page reachable via:
- Homepage menu bar
- Footer links
- Internal service page links
- Team member profiles
- News articles

Recorded all URLs and saved full page content on 24 April 2026.

STEP 2 - CONTENT REVIEW FOR INFORMED CONSENT DISCLOSURES
Read full text of every accessible page for evidence of:
- Treatment risks (physical, psychological, long-term)
- Evidence quality and uncertainty
- Age limits and eligibility criteria
- Parental consent requirements for minors
- Court processes for capacity/treatment disputes
- Irreversible effects
- Fertility impacts
- Alternatives to medical intervention
- Progression rates from initial to subsequent interventions
- Mental health outcome evidence

STEP 3 - LINK VERIFICATION
For each service page (particularly Gender Affirmation and Child, Family & Youth), checked for links to:
- Supplementary information sheets
- FAQs or Q&A pages
- Consent forms

- Patient information resources
- External guidelines or evidence sources

STEP 4 - HIDDEN PAGE DISCOVERY

Conducted Google site search to identify pages indexed by search engines but not linked via standard navigation:

- Search query: site:kaleidohealth.org.au <input term>
- Additional targeted searches: site:kaleidohealth.org.au "age", site:kaleidohealth.org.au "under 18", site:kaleidohealth.org.au "FAQ"
- **RESULT:** Q&A page discovered at https://kaleidohealth.org.au/q-and-a/

STEP 5 - FINDABILITY TEST FOR Q&A PAGE

After discovering Q&A page via Google search, conducted systematic findability test:

1. Manually inspected all 30 pages for any link to Q&A page
2. Used browser "Find in page" function to search for common FAQ terminology
3. Inspected page source code for hidden links or JavaScript-loaded content
4. Checked footer across all pages for Q&A or FAQ link
5. Checked sitemap https://kaleidohealth.org.au/sitemap_index.xml for Q&A page listing
6. Checked the Way-back Machine found the Q&A was accessible via the main navigation menu as at 8 February 2025 (Wayback Machine archive: (https://web.archive.org/web/20250208154716/https://kaleidohealth.org.au/). The navigation link was removed between 8 February and 15 February 2025 (Wayback Machine archive: https://web.archive.org/web/20250215110033/https://kaleidohealth.org.au/). As at the audit date of 24 April 2026, the page remains live and indexed but has no navigation path from any publicly accessible page, menu, footer, service page, or sitemap.

RESULT: NO navigation path to Q&A page exists from any publicly accessible page.

STEP 6 - LIVE CONTENT RETRIEVAL

All website content retrieved via direct URL fetch on 24 April 2026 to ensure audit reflects current public-facing materials, not cached or outdated content. Where pages were blocked from direct fetch, search-indexed content was used as secondary source with notation in audit.

A2. WEB PAGES ACCESSIBLE VIA STANDARD NAVIGATION

The following pages were accessed via menu bar, footer links, or internal links from the homepage as of 24 April 2026, archived 24 April 2026 (AWW will provide updated screenshots if material changes have occurred.)

PRIMARY NAVIGATION (Menu Bar):

Home:	https://kaleidohealth.org.au/	https://archive.md/sLkOz
About Us:	https://kaleidohealth.org.au/about-us/	https://archive.md/kfNsi
Our Team:	https://kaleidohealth.org.au/our-team/	https://archive.md/jt52R
Services:	https://kaleidohealth.org.au/services/	https://archive.md/g52W7
Fees:	https://kaleidohealth.org.au/fees-1/	https://archive.md/byfmc
Opportunities:	https://kaleidohealth.org.au/opportunities/	https://archive.md/KgNNr
Contact Us:	https://kaleidohealth.org.au/contact-us/	https://archive.md/50rLh
Book Now:	https://kaleidohealth.org.au/book-now/	https://archive.md/rpfDO

SERVICES SUB-MENU:

GP:	https://kaleidohealth.org.au/services/gp/	https://archive.md/BPRKK
Mental Health:	https://kaleidohealth.org.au/services/mental-health/	https://archive.md/tBhZJ
Sexual Health:	https://kaleidohealth.org.au/services/sexual-health/	https://archive.md/MFVgz
Gender Affirmation:	https://kaleidohealth.org.au/services/gender-affirmation/	https://archive.md/IjgtY
Drug Health:	https://kaleidohealth.org.au/services/drug-health/	https://archive.md/Kw4iZ
Child, Family & Youth Health:	https://kaleidohealth.org.au/services/child-family-youth/	https://archive.md/fOUDN
Cancer Screening & Support:	https://kaleidohealth.org.au/services/cancer-screening/	https://archive.md/7UPqe

FEES SUB-MENU:

Billing policy:	https://kaleidohealth.org.au/billing/	https://archive.md/YX5bY

TEAM MEMBER PROFILES (accessed via Our Team page):

Dr Daniel Arlotta:	https://kaleidohealth.org.au/teams/daniel-arlotta/	https://archive.md/wDYCw
Dr Moe Baghbanian:	https://kaleidohealth.org.au/teams/moe/	https://archive.md/9lamI
Dr Leigh Barlow:	https://kaleidohealth.org.au/teams/leigh-barlow/	https://archive.md/VU21k
Dr Greg Batty:	https://kaleidohealth.org.au/teams/dr-greg-batty/	https://archive.md/BDvs4
Dr Tom Dobie:	https://kaleidohealth.org.au/teams/tom-dobie/	https://archive.md/Btgcl
Dr Robert Harris:	https://kaleidohealth.org.au/teams/robert-harris/	https://archive.md/UxTtb
Dr Belinda Poon:	https://kaleidohealth.org.au/teams/belinda-poon/	https://archive.md/dOxtQ
Dr Zhiyuan "Zhi" Ma:	https://kaleidohealth.org.au/teams/dr-zhiyuan-zhi-ma/	https://archive.md/YIxvX
Dr Hayley Donohue:	https://kaleidohealth.org.au/teams/dr-hayley-donohue/	https://archive.md/ienEM
Saria Green:	https://kaleidohealth.org.au/teams/saria-green/	https://archive.md/cIlwX
Karen "Kiki" Michael:	https://kaleidohealth.org.au/teams/karen-michael/	https://archive.md/8eYpP
Sarah Hillsley:	https://kaleidohealth.org.au/teams/nurse/	https://archive.md/M3fEv
Taliah Haidar:	https://kaleidohealth.org.au/teams/tahlia-haidar/	https://archive.md/jZc8I
Katrina Guelas:	https://kaleidohealth.org.au/teams/katrina-guelas/	https://archive.md/RXPDC
Kiki Marcoolyn-Lindsay:	https://kaleidohealth.org.au/teams/kiki-marcoolyn-lindsay/	https://archive.md/AWKU4
Dylan Ringrow:	https://kaleidohealth.org.au/teams/dylan-ringrow/	https://archive.md/Vvf4A

Michael Woodhouse:	https://kaleidohealth.org.au/teams/michael-woodhouse/	https://archive.md/ziDLF
Deb Wilcox:	https://kaleidohealth.org.au/teams/deb-wilcox/	https://archive.md/3plh9

NEWS ARTICLES (accessed via homepage):

"NSW Takes Historic First Step Towards Better Health For LGBTQ People":	https://kaleidohealth.org.au/nsw-takes-historic-first-step-towards-better-health-for-lgbtq-people/	https://archive.md/RDGD1
"Dedicated health centre for LGBTQ+ people in NSW to open in spring 2024":	https://kaleidohealth.org.au/dedicated-health-centre-for-lgbtq-people-in-nsw-to-open-in-spring-2024/	https://archive.md/WfxyM

FOOTER LINKS:

Privacy Policy (PDF):	https://kaleidohealth.org.au/v2/wp-content/uploads/2025/07/K-HIM-01a_Kaleido-Privacy-Disclosure-Statement_V1.1_July-2025.pdf
Donate:	https://www.fundraisewithacon.org.au/get-involved-fundraise/donate-kaleidohealth
Social media:	Instagram: https://www.instagram.com/kaleidohealthau/ Facebook:https://www.facebook.com/KaleidoHealthAU/ YouTube: https://www.youtube.com/@kaleidohealthcentre

TOTAL ACCESSIBLE PAGES: 30 pages plus 1 PDF doc**ument**

A3. PAGES NOT ACCESSIBLE VIA STANDARD NAVIGATION
(One Hidden Q&A page discovery via Google search)

The following page was discovered via Google site search but has NO navigation path from any page listed in A1:

ORPHANED PAGE: Q&A: https://kaleidohealth.org.au/q-and-a/ https://archive.md/UEev2

DISCOVERY METHOD: Google site search (site:kaleidohealth.org.au “ACON”)

A further research of the Wayback Machine the page was discovered as part of the Navigation Menu on the home page on February 8, 2025: in https://web.archive.org/web/20250208154716/https://kaleidohealth.org.au/ but not on February 15, 2025: https://web.archive.org/web/20250215110033/https://kaleidohealth.org.au/.

MATERIAL CONTENT ON ORPHANED PAGE:

1. Age eligibility: "Kaleido Health services are for people of all ages, including young people and those under 18"
2. Corporate structure: "Kaleido Health is a separate entity to ACON, with its own CEO and its own Board of Directors"
3. Privacy/data sharing: "Your information will only ever be shared with your express consent when it is relevant to your care"

FINDABILITY TEST CONDUCTED:
(Systematic findability testing)

- Manual inspection of all 30 pages in A1: NO link to Q&A page found
- Browser "Find in page" search on Gender Affirmation service page for: "Q&A", "FAQ", "questions", "frequently" = ZERO results
- Browser "Find in page" search on Child, Family & Youth page for: "Q&A", "FAQ", "questions", "age", "under 18" = ZERO results
- Page source inspection for hidden links (display:none, visibility:hidden): NONE found
- Footer inspection across all pages: NO link to Q&A page

CONCLUSION: The Q&A page is effectively HIDDEN from consumers navigating the website normally.

A4. FINDABILITY ANALYSIS: LEGAL SIGNIFICANCE

The Q&A page is the ONLY location on the public website where the clinic:
1. Confirms it treats minors ("people of all ages, including young people and those under 18")
2. On the homepage the footer describes the relationship of ACON and Kaleido Health Centre “ACON Health Centre Limited (trading as Kaleido Health Centre) ABN: 52 676 923 587. On the Q&A page the answer to the question: “Is Kaleido Health being run by ACON?” – reply:

“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.”

3. Addresses privacy and data-sharing between "ACON services" and "Kaleido services"
This creates multiple ACL violations:

ACL s29(1)(g) - MISLEADING OMISSION
Material information exists but is hidden from consumers who would navigate to the Gender Affirmation or Child, Family & Youth service pages to assess suitability. A reasonable consumer would:
- Visit Gender Affirmation page to understand age eligibility → finds no age information
- Visit Child, Family & Youth page to understand services for children → finds no reference to gender services or age-specific protocols
- NOT discover the Q&A page because no navigation path exists

ACL s29(1)(l) - FALSE REPRESENTATION OF CHARACTERISTICS
Gender Affirmation page claims "developmentally appropriate" care while Q&A page reveals services span all ages. Without age differentiation disclosed on service pages, representation of "developmentally appropriate" care is unsubstantiated.

BARRIER TO INFORMED CONSENT

Parents/guardians researching gender services for minors cannot discover via normal navigation:
- That minors are treated
- What parental consent requirements apply
- What age-specific assessment processes exist
- What court processes apply if disputes arise regarding capacity or treatment

A5. ACCC GUIDANCE ON INFORMATION ACCESSIBILITY

The ACCC has consistently held that information required for informed consumer decision-making must be "clear, prominent and not hidden in fine print or obscure locations."

Relevant ACCC guidance:

- Information must be presented where consumers would expect to find it
- Material information about product/service characteristics must be on main product/service pages
- Relegating important information to separate pages accessible only via search is insufficient disclosure

- "Findability" is assessed from perspective of reasonable consumer navigating normally, not via search engines

A page with no navigation path fails the "clear and prominent" standard even if technically "public" and indexed by search engines.

COMPARABLE EXAMPLES:
- Bank listing fees on main product page vs. burying in separate document accessible only via search = misleading omission
- Airline showing base fare on booking page but hiding total price on separate page = misleading omission
- Health service stating age eligibility on main service page vs. hiding on orphaned FAQ = misleading omission (this case)

A6. ADDITIONAL CONCERN: DELIBERATE DESIGN VS. OVERSIGHT

The Q&A page containing material consumer information (confirmation that the clinic treats people of all ages including minors, corporate structure representations, and data-sharing statements) was accessible via the main navigation menu as at 8 February 2025 (Wayback Machine archive: (https://web.archive.org/web/20250208154716/https://kaleidohealth.org.au/). The navigation link was removed between 8 February and 15 February 2025 (Wayback Machine archive: https://web.archive.org/web/20250215110033/https://kaleidohealth.org.au/). As at the audit date of 24 April 2026, the page remains live and indexed but has no navigation path from any publicly accessible page, menu, footer, service page, or sitemap. Systematic findability testing confirmed that a reasonable consumer navigating the site normally would not discover the Q&A page. This may be oversight, the navigation link was hidden from the home page menu during website maintenance and has been forgotten since. Otherwise it's by design which suggests a misleading omission under ACL s 18 and s 29(1)(g).

A7. IMPACT ON AUDIT FINDINGS

The hidden Q&A page strengthens rather than mitigates ACL violations because:

1. CONFIRMS CLINIC TREATS MINORS: Violations regarding minor-specific informed consent are now definitively applicable (not speculative).

2. DEMONSTRATES AWARENESS: Clinic created content addressing age eligibility, suggesting awareness of disclosure obligation, but it is hidden from normal consumer access.

3. COMPOUNDS OMISSION: Material information exists but is deliberately (or negligently) inaccessible – if this is not simple non-disclosure through oversight t suggests intent to avoid transparent communication.

4. CREATES ASYMMETRIC INFORMATION: Clinic has internal knowledge about who it treats and what consent processes apply, but consumers cannot access this via normal navigation.

A8. SCREENSHOT (Archived) EVIDENCE

The following screenshots for ACCC submission to demonstrate findability obstruction:

1. Gender Affirmation service page (full page capture) showing no link to Q&A
- Gender Affirmation: https://kaleidohealth.org.au/services/gender-affirmation/ - Archived: https://archive.md/IjgtY

2. Child, Family & Youth service page (full page capture) showing no link to Q&A
- Child, Family & Youth Health: https://kaleidohealth.org.au/services/child-family-youth/ Archived: https://archive.md/fOUDN

3. Q&A page showing age eligibility and corporate structure statements

4. Browser "Find in page" search (Ctrl + F) for "Q&A" on Gender Affirmation page showing zero results:https://drive.google.com/file/d/1eHGpw5e8TINsimDjyk1B-mwAJShg55FM/view?usp=sharing

5. Homepage footer showing no Q&A or FAQ link. See - Home: https://kaleidohealth.org.au/ https://archive.md/sLkOz

6. Neither site navigation menu or clicking on ‘Book Now” showed a Q&A or FAQ option.

7. ABN lookup screenshot confirming ACON Health Centre Limited (ABN 52 676 923 587) operates "Kaleido Health Centre" as business name. See: Archived: https://archive.md/sLkOz

These visual materials are provided to show the findability obstruction so that it is clear to regulators, journalists, and elected representatives who may not have technical website expertise.

A9. RECOMMENDED CORRECTIVE ACTION

If ACCC finds ACL violations, recommended corrective disclosure should require:

IMMEDIATE (Website):

1. Add prominent link to Q&A page from ALL service pages, particularly Gender Affirmation and Child, Family & Youth
2. Add age eligibility information directly to Gender Affirmation service page (not just on Q&A)
3. Add parental consent requirements directly to service pages (not buried on Q&A)
4. Correct corporate structure misrepresentation on Q&A page to accurately reflect that Kaleido operates under ACON Health Centre Limited (same legal entity)

MEDIUM-TERM (Informed Consent):

5. Add comprehensive informed consent information to Gender Affirmation page (risks, evidence uncertainty, irreversibility, fertility impacts, alternatives, progression rates)
6. Add minor-specific protocols and assessment processes to relevant service pages
7. Provide clear referral pathways and specialist governance disclosures

LONG-TERM (Systemic):

8. Audit all ACON Health Centre Limited services for similar findability obstructions
9. Implement consumer testing to verify material information is accessible via normal navigation
10. Establish compliance monitoring for ACL disclosure obligations

END OF APPENDIX A

APPENDIX B: EVIDENCE CRITERIA USED TO CONSTRUCT THE INFORMED CONSENT CHECKLIST

This appendix sets out the evidence-derived disclosure domains used to construct the informed consent audit checklist. The purpose is not to provide medical advice or resolve all clinical controversy, but to identify risks, uncertainties, reversibility issues, alternatives, and evidence-quality limitations that are material to informed consumer decision-making. These domains were then converted into checklist questions and tested against Kaleido Health Centre's public-facing materials.

The following tables are Colour coded for compliance to the 'Checklist item derived' column, as found by audit:

Yes	No	Partial/Unclear

TABLE 1: PUBERTY BLOCKERS CONSEQUENCES BY DOMAIN

Note: These domains are included because puberty suppression for gender-related distress is not merely a short-term symptom intervention. It occurs during a time-sensitive developmental period and may affect growth, bone development, fertility potential, sexual maturation, neurocognitive development, mental health assessment, and later treatment pathways. Where evidence is limited or uncertain, that uncertainty is itself material to informed consent.

(Evidence-quality labels: High / Moderate / Low / Very low (GRADE-like). Where incidence is unavailable, it is marked unknown and the reason is stated.)

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Intended effect: suppression of pubertal progression	*This is the central intended effect of treatment and must be clearly explained so parents and minors understand that normally timed puberty is being medically interrupted, not merely "paused" in a neutral sense. Consumers also need to understand that while pubertal development may resume after stopping, some downstream developmental effects may not be fully reversible.*	*Short (weeks–months)*	*Typically reversible after cessation (puberty can resume), but downstream developmental effects may not be fully reversible*	*High likelihood physiologic suppression in most patients*	*Moderate–High*	*Does the clinic clearly explain that puberty blockers suppress normal pubertal progression, that this is the intended physiological effect, and that downstream developmental effects may not be fully reversible even if puberty resumes after cessation?*	*[01][8]*
Hot flashes, fatigue, headaches, mood changes (drug effects)	*Short-term adverse effects are material because they affect day-to-day wellbeing, tolerability, adherence, and the need for monitoring or treatment adjustment. Even where frequency is uncertain in gender dysphoria cohorts, known drug effects should not be omitted from consent materials.*	*Short*	*Reversible when stopped*	*Unknown in GD cohorts (harms inconsistently and non-standard reporting); common adverse effects known from GnRHa use generally*	*Low (in GD cohorts)*	*Does the clinic disclose common or plausible short-term drug effects of GnRHa treatment, including hot flashes, fatigue, headaches, mood changes, and the limits of available frequency data in gender dysphoria cohorts?*	*[02][9]*

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Growth velocity changes; height progression not matching expected growth	*Growth effects are material because puberty suppression occurs during a time-sensitive developmental period when height, growth velocity, and skeletal maturation are changing rapidly. Families may assume blockers merely delay puberty without understanding potential effects on growth trajectory.*	*Med.*	*Partly reversible/uncertain (depends on timing, duration, subsequent hormones)*	*Reported in multiple studies; precise incidence varies; comparative data limited*	*Moderate (directional signal), Low (quantification)*	*Does the clinic disclose that puberty blockers may affect growth velocity, height progression, skeletal maturation, and that reversibility or catch-up may depend on timing, treatment duration, and subsequent hormone use?*	*[03][10]*
Bone mineral density accrual reduced during treatment	*Bone density accrual is one of the most consistently identified risk domains. It is material because adolescence is a critical period for building peak bone mass, and long-term recovery remains uncertain.*	*Med.*	*Uncertain; may partially recover after cessation and/or subsequent hormones; depends on age at start and subsequent regimen*	*Multiple studies report reductions; magnitude varies; fracture outcomes unknown. Recent studies show mixed recovery with GAHT; persistent deficits possible in some."*	*Moderate (consistent signal), Low (long-term outcomes)*	*Does the clinic disclose bone density risks, reduced bone mineral accrual during treatment, uncertainty about long-term recovery, and the proposed monitoring plan?*	*[04][11]*
Long-term bone outcomes after blockers followed by long-term hormones	*This is material because many patients do not use blockers as an isolated intervention but proceed to cross-sex hormones. Long-term bone outcomes may differ depending on sex, age at commencement, duration of suppression, and subsequent hormone regimen.*	*Long*	*Uncertain; not fully reversible once peak bone mass window passes*	*In a cohort of 75 who used blockers <18 then ≥9 years hormones: lumbar spine z-score remained lower in males receiving oestrogen, while most sites caught up in females receiving testosterone*	*Low (single-centre cohort with selection/loss-to-follow-up concerns)*	*Does the clinic disclose that long-term bone outcomes after blockers followed by cross-sex hormones remain uncertain and may differ depending on subsequent hormone exposure, including possible persistent deficits in some groups?*	*[05][12]*

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Fracture risk / osteoporosis later in life	*Even where robust long-term fracture data are absent, the absence of evidence is itself material because fracture and osteoporosis outcomes may take decades to emerge. Families should know that long-term skeletal outcomes are not yet well established.*	*Long*	*Potentially irreversible if peak bone mass reduced*	*Unknown: no robust long-term fracture data in adolescents treated for GD; requires decades of follow-up*	*Very low*	*Does the clinic disclose that long-term fracture and osteoporosis risks are unknown due to lack of robust long-term follow-up, and that reduced peak bone mass may have later-life implications?*	*[06][13]*
Cardiometabolic changes (BP, lipids, body composition)	*Cardiometabolic effects are material because puberty and sex hormones influence body composition, metabolism, blood pressure, and lipid profiles. Mixed or limited evidence should be disclosed as uncertainty rather than reassurance.*	*Med.*	*Often reversible/partly reversible, but long-term risk unknown*	*Mixed findings across studies; no clear evidence for diabetes onset; heterogeneity high*	*Low*	*Does the clinic disclose possible cardiometabolic changes, including blood pressure, lipids, body composition, and uncertainty about long-term cardiometabolic outcomes?*	*[07][14]*
Renal/liver function and diabetes onset	*This is material because "no evidence of effect" may reflect limited data and short follow-up rather than proven safety. Consent should distinguish between evidence showing no harm and insufficient evidence to detect harm.*	*Med.*	*Reversible if present*	*Evidence brief found no evidence of effect on renal/liver function or diabetes onset, but this largely reflects limited data and follow-up*	*Low*	*Does the clinic explain that available evidence has not established clear renal, liver, or diabetes effects, but that the evidence is limited and does not prove long-term safety?*	*[08][15]*

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Neurocognitive development	*Neurocognitive development is material because puberty occurs alongside major brain maturation. Where systematic reviews report insufficient or inconsistent evidence, families need to know that cognitive and neurodevelopmental effects are not well established.*	*Long*	*Unknown*	*Systematic reviews report insufficient/inconsistent evidence; no high-quality studies for key cognitive endpoints*	*Very low*	*Does the clinic disclose uncertainty regarding neurocognitive development, brain maturation, and the lack of high-quality long-term cognitive outcome data?*	*[09][16]*
Psychological outcomes (depression/anxiety/ suicidality)	*Psychological outcomes are central to consumer decision-making because treatment is often sought or justified on mental health grounds. It is material that evidence may be low quality, mixed, biased, or insufficient to establish reliable benefit.*	*Med.*	*Unknown; may improve or worsen depending on individual factors*	*NZ brief reports "significant improvement" in some outcomes but rates evidence low with high bias; other reviews find inconsistent/no robust evidence*	*Low*	*Does the clinic disclose the uncertainty of psychological outcome evidence, including depression, anxiety, suicidality, and the limits of observational or biased studies?*	*[10][17]*
Gender-related distress (core dysphoria outcome)	*This is material because reducing gender-related distress is usually the main stated purpose of treatment. If few studies directly measure this outcome, or evidence is very low certainty, that limitation must be disclosed.*	*Med.–Long*	*Unknown*	*Few studies directly measure; evidence insufficient for firm conclusions*	*Very low*	*Does the clinic disclose whether puberty blockers have been shown to reduce gender-related distress, and explain the evidence limitations where direct measurement or long-term data are weak?*	*[11][18]*

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Fertility preservation feasibility (Female)	*Fertility preservation is material because suppression may occur before full reproductive maturation, and later interventions may make infertility permanent. If there are no studies on fertility preservation feasibility for females receiving GnRHa in this context, that uncertainty must be disclosed.*	*Med.*	*Irreversible if gonadal maturation prevented and later gonadectomy occurs*	*NZ evidence brief identified **no studies** on fertility preservation for females receiving GnRHa in this context*	*Very low*	*Does the clinic disclose fertility preservation uncertainty for female minors, including the lack of robust evidence, time-sensitivity of reproductive development, and possible irreversible infertility if blockers are followed by later medical or surgical interventions?*	*[12][19]*
Fertility preservation feasibility (Male)	*This is material because sperm production may not have commenced before blockers are started. If spermatogenesis never develops and treatment progresses to later interventions, fertility loss may become irreversible.*	*Med.*	*Irreversible if spermatogenesis never develops and later gonadectomy occurs*	*Evidence exists for surgical sperm retrieval attempts in some settings, but overall feasibility depends on pubertal development stage and prior blockers*	*Low*	*Does the clinic disclose that male fertility preservation may not be feasible before spermatogenesis, that options may depend on pubertal stage, and that later interventions may make infertility irreversible?*	*[13][20]*
Sexual maturation and later sexual function	*Sexual development is material because puberty contributes to genital development, sexual maturation, libido, orgasmic function, and adult sexual capacity. Sparse long-term data and possible sensitive developmental windows make this a core consent issue.*	*Long*	*Likely partly irreversible if typical pubertal sexual development is blocked during sensitive developmental windows*	*Systematic review/meta-analysis coverage notes missing data for sexual dysfunction outcomes; long-term sexual function data are sparse*	*Very low*	*Does the clinic disclose possible impacts on sexual maturation, genital development, libido, orgasmic function, adult sexual function, and the lack of robust long-term sexual-function data?*	*[14][21]*

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Downstream surgical implications due to limited genital tissue after early blockade (Male)	*This is material because early blockade may affect genital tissue development, which can later influence surgical options, surgical complexity, or outcomes. Consumers may not realise that an early "pause" can affect later surgical feasibility.*	*Long*	*Not reversible once development window passes*	*Quantified incidence unknown; raised as a clinical concern in multiple reviews and safety discussions*	*Low*	*Does the clinic disclose that early puberty suppression in males may limit genital tissue development and may affect later surgical options, techniques, complexity, or outcomes?*	*[15][22]*
Social/legal impacts (minors): parental consent, disputes, court involvement in some jurisdictions	*Legal and consent issues are material because minors may require parental involvement, capacity assessment, or court/tribunal pathways where there is disagreement. Families need to understand the legal framework before engaging treatment pathways.*	*Short–Med.*	*Not applicable*	*Jurisdiction-dependent; can be high-impact*	*Moderate (legal documentation exists), varies by place*	*Does the clinic clearly disclose parental/guardian consent requirements, capacity assessment processes, and whether court or tribunal involvement may be required where there is dispute about diagnosis, treatment, or capacity?*	*[16][23]*

Audit use: The checklist items derived from this table are not intended to prove that each outcome will occur. They identify material risk and uncertainty domains that a reasonable consumer, parent, or minor would need disclosed before deciding whether to engage a clinic offering puberty suppression or onward gender-affirming medical pathways.

TABLE 2: FEMINISING HORMONES CONSEQUENCES (MALE ON OESTROGEN)

Note: These disclosure domains are included because feminising hormone therapy involves expected physical effects, fertility and sexual-function implications, cardiovascular risk domains, bone-health considerations, psychological-outcome uncertainty, and ongoing screening obligations. Informed consent requires distinguishing intended effects from risks, identifying which effects may persist, and explaining where evidence remains limited or uncertain.

Disclosure Domain	*Why material to consent*	*Typical timeline*	*Reversibility*	*Estimated frequency (or range)*	*Evidence quality*	*Checklist item derived*	*Key citations*
Intended physical effects (breast development, fat redistribution, reduced spontaneous erections, reduced testicular volume)	*These are expected treatment effects, but they are not all equally reversible. Breast development may not fully reverse, while sexual and genital effects may be partly reversible or variable. Consumers need to understand the likely physical changes, expected timelines, and which effects may persist after stopping.*	*Med.*	*Many effects partially reversible; breast development often not fully reversible*	*Common/ expected; quantification varies by regimen*	*Moderate*	*Does the clinic clearly disclose the expected feminising effects of oestrogen, including breast development, fat redistribution, reduced spontaneous erections, reduced testicular volume, expected timelines, and which effects may be irreversible or only partly reversible?*	*[17][24]*
Reduced spermatogenesis / infertility risk	*Fertility risk is material because oestrogen may reduce sperm production and impair future reproductive options. Although spermatogenesis may return after stopping in some cases, reversibility is not guaranteed and may depend on baseline fertility, duration of treatment, age, and treatment regimen.*	*Med.*	*Sometimes reversible after stopping, but not guaranteed; depends on duration and baseline fertility*	*Unknown population incidence; small cohort shows spermatogenesis may return after cessation*	*Low–Moderate (mechanistic strong; clinical reversibility data limited)*	*Does the clinic disclose reduced spermatogenesis and infertility risk, explain that fertility may not reliably recover after stopping treatment, and offer fertility counselling or preservation discussion before treatment begins?*	*[18][25]*

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Sexual function changes (libido, erectile function, orgasm intensity)	*Sexual function is material because oestrogen may affect libido, erectile function, orgasmic experience, genital function, and sexual wellbeing. These outcomes are personal, clinically significant, and often under-measured in studies, so uncertainty should be disclosed rather than glossed over.*	*Med.*	*Often partially reversible; may persist*	*Unknown: infrequently measured with standardised instruments in many cohorts*	*Low*	*Does the clinic disclose possible sexual function changes, including libido, erectile function, orgasm intensity, genital function, persistence of effects, and the limited quality of long-term sexual-function data?*	*[19][26]*
Venous thromboembolism (VTE)	*VTE is a serious adverse event and a known risk domain for oestrogen exposure. It is material because risk may vary by route, dose, duration, age, smoking, personal/family clotting history, and other comorbidities. Consumers need absolute and relative risk information where available, not vague reassurance.*	*Med.–Long*	*Not applicable (event)*	*In trans-feminine cohort: incidence 5.5 per 1000 person-years; adjusted HR 1.9 vs reference men, 2.0 vs reference women; risk differences increase over time*	*Moderate (large cohort; observational)*	*Does the clinic disclose VTE risk associated with feminising hormone therapy, including known incidence estimates where available, individual risk factors, route/dose considerations, and the need for monitoring or risk mitigation?*	*[20][27]*
Ischemic stroke	*Stroke risk is material because it is a serious cardiovascular outcome associated with oestrogen exposure in some cohort data. Even where evidence is observational and risk varies by individual factors, it should be disclosed as a potential long-term risk domain.*	*Long*	*Not applicable*	*Incidence 4.8 per 1000 person-years; HR 1.2 vs reference men, 1.9 vs reference women (overall cohort)*	*Moderate*	*Does the clinic disclose possible ischemic stroke risk, the limits of available evidence, individual risk factors, and how cardiovascular risk is assessed before and during feminising hormone therapy?*	*[21][28]*

Disclosure Domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Myocardial infarction	*Myocardial infarction is material because oestrogen exposure may affect cardiovascular risk profiles, and consumers need to understand both what is known and what remains uncertain. Disclosure should include that estimates may vary by comparison group, regimen, duration, and baseline risk.*	*Long*	*Not applicable*	*Incidence 2.9 per 1000 person-years; HR 0.9 vs reference men, 1.8 vs reference women (overall cohort)*	*Moderate*	*Does the clinic disclose possible myocardial infarction or broader cardiovascular risks, including uncertainty in the evidence, relevant personal risk factors, and monitoring or referral pathways for elevated cardiovascular risk?*	*[22][29]*
Bone health concerns (especially if hypogonadal or low estradiol exposure)	*Bone health is material because inadequate sex-hormone exposure, prior puberty suppression, gonadectomy, poor adherence, or low estradiol levels may affect bone density and long-term skeletal outcomes. Consumers should understand that feminising hormones require monitoring to avoid hypogonadal states and protect bone health.*	*Long*	*Partly reversible with optimised hormones and lifestyle; depends on adherence and levels*	*In long-term follow-up after adolescent blockers, lumbar spine z-score remained lower in males receiving estrogen*	*Low*	*Does the clinic disclose bone-health considerations for feminising hormone therapy, especially after puberty blockers or gonadectomy, including monitoring of hormone levels, bone density concerns, and uncertainty about long-term outcomes?*	*[23][30]*
Mood and psychological outcomes	*Psychological outcomes are material because feminising hormones may be presented or understood as improving depression, anxiety, distress, or wellbeing. Where evidence in young people is low-certainty, observational, or limited, consumers must understand that improvement is possible but not guaranteed and causality may be uncertain.*	*Med.*	*Variable*	*Systematic reviews in <26 show possible depression benefit in one comparative observational study (OR ~0.73) but overall considerable uncertainty*	*Low*	*Does the clinic disclose the limits of evidence for mood and psychological outcomes, including that reported benefits may be low-certainty, observational, short-term, or not causally established?*	*[24][31]*

Disclosure Domain	*Why material to consent*	*Typical timeline*	*Reversibility*	*Estimated frequency (or range)*	*Evidence quality*	*Checklist item derived*	*Key citations*
Need for ongoing monitoring and preventive screening based on organs present (e.g., prostate considerations)	*Ongoing screening is material because feminising hormone therapy does not remove the need for organ-specific healthcare. Patients may still require prostate-related care, testicular/genital assessment where relevant, breast-health monitoring depending on exposure and age, and general metabolic/cardiovascular monitoring.*	*Long*	*Not applicable*	*Universal relevance; specific schedules vary*	*Moderate (guideline-based)*	*Does the clinic disclose that patients on feminising hormones still require ongoing monitoring and preventive screening based on organs present, including prostate/testicular considerations, breast-health monitoring where relevant, and cardiovascular/metabolic monitoring?*	*[25][32]*

Audit use: These checklist items do not assume that every risk will occur. They identify material domains that should be disclosed where a clinic offers, facilitates, or advertises feminising hormone therapy, especially where services are described as “safe,” “evidence-based,” or delivered through an informed consent model.

TABLE 3: MASCULINISING HORMONES CONSEQUENCES (FEMALE ON TESTOSTERONE)

Note: These disclosure domains are included because testosterone produces both expected masculinising effects and potential medical consequences. Informed consent requires distinguishing intended effects from adverse effects, identifying which changes may be irreversible, explaining fertility and screening implications, and disclosing where evidence remains limited or uncertain.

Disclosure domain	*Why material to consent*	*Typical timeline*	*Reversibility*	*Estimated frequency (or range)*	*Evidence quality*	*Checklist item derived*	*Key citations*
Intended physical effects (voice deepening, facial/body hair, increased muscle mass; amenorrhea)	*These are the expected treatment effects, but some may be irreversible or only partly reversible. Consumers need to understand which changes are likely, which may be permanent, and how timing, dose, and duration may affect outcomes.*	*Med.*	*Some irreversible (voice, hair, genital changes); some reversible (fat distribution)*	*Common/ expected; varies by dose and duration*	*Moderate*	*Does the clinic clearly disclose the expected masculinising effects of testosterone, including voice deepening, facial/body hair, increased muscle mass, amenorrhea, expected timelines, and which effects may be irreversible or only partly reversible?*	*[26][33]*
Potential fertility impairment; ovulation may resume after stopping in some	*Fertility is material because testosterone may affect ovulation, ovarian function, future reproductive options, and timing of fertility preservation. Because reversibility is variable and not guaranteed, consumers should not be reassured by general statements that fertility may return after stopping.*	*Med.–Long*	*Variable; not guaranteed; depends on age, duration, ovarian reserve*	*Quantified incidence uncertain; robust comparative fertility studies limited*	*Low*	*Does the clinic disclose potential fertility impairment from testosterone, the uncertainty of reversibility, the possibility but non-guarantee of resumed ovulation, and the need for fertility counselling or preservation discussion before treatment?*	*[27][34]*

Disclosure domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Erythrocytosis (elevated hematocrit)	*Erythrocytosis is a known and clinically monitorable adverse effect of testosterone. It is material because it may require blood-test monitoring, dose adjustment, route changes, risk-factor management, or cessation, and may affect thrombotic risk depending on severity and comorbidities.*	*Med.–Long*	*Usually reversible with dose/route adjustment or cessation; thrombosis risk depends on severity and comorbid risk factors*	*In a cohort: 11% had Hct >0.50; 3.7% >0.52; 0.5% >0.54 (definitions vary)*	*Moderate*	*Does the clinic disclose erythrocytosis risk, hematocrit monitoring requirements, risk factors such as dose/route/smoking/BMI/age, management options, and possible thrombotic implications if hematocrit becomes significantly elevated?*	*[28][35]*
Cardiovascular events (VTE/stroke/MI)	*Cardiovascular risk is material even where evidence does not show a clear elevated risk in all analyses, because long-term regimen-specific risks remain uncertain and may vary by individual risk profile. Consent should distinguish between reassuring available data and unresolved uncertainty.*	*Long*	*Not applicable*	*In large U.S. cohort, transmasculine cumulative incidence curves largely similar to reference cohorts in most analyses; precise regimen-specific risks uncertain*	*Low–Moderate*	*Does the clinic disclose known and uncertain cardiovascular risk domains for testosterone, including VTE, stroke, myocardial infarction, individual risk factors, and the limits of available long-term or regimen-specific evidence?*	*[29][36]*

Disclosure domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Bone density changes	*Bone health is material because sex hormone exposure, prior puberty suppression, gonadal status, dose adequacy, and adherence may affect long-term skeletal outcomes. Even where testosterone may support bone density, monitoring and uncertainty remain relevant.*	*Long*	*Partly reversible and may improve with adequate testosterone exposure*	*In long-term follow-up after adolescent blockers, bone outcomes appeared more favorable in those receiving testosterone than estrogen (site-specific)*	*Low*	*Does the clinic disclose possible bone density implications of testosterone, especially where treatment follows puberty blockers or gonadectomy, and explain any bone-health monitoring plan or uncertainty in long-term outcomes?*	*[30][37]*
Psychological outcomes	*Psychological outcomes are material because testosterone is often presented or understood as improving distress, wellbeing, depression, or anxiety. Where evidence is largely observational, short-term, or pre–post in design, consumers need to know that causality and long-term mental health benefit are uncertain.*	*Med.*	*Variable*	*Adolescent hormone review notes short-term psychological improvements mainly in pre–post studies; causality uncertain*	*Low*	*Does the clinic disclose the limits of evidence for psychological outcomes, including that reported short-term improvements may come from low-certainty observational or pre–post studies and may not prove causal or durable mental health benefit?*	*[31][38]*

Disclosure domain	Why material to consent	Typical timeline	Reversibility	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Need for ongoing monitoring and preventive screening based on organs present (uterus/cervix, etc.)	*Ongoing screening is material because testosterone does not remove the need for sex-organ-specific preventive healthcare. Consumers may need cervical screening, pelvic/uterine/ovarian assessment where clinically indicated, pregnancy counselling where relevant, and long-term monitoring based on organ inventory.*	*Long*	*Not applicable*	*Universal relevance; screening standards vary by jurisdiction*	*Moderate (guideline-based)*	*Does the clinic disclose that patients on testosterone still require ongoing monitoring and preventive screening based on organs present, including cervix, uterus, ovaries, breast/chest tissue where relevant, fertility/pregnancy considerations, and jurisdiction-specific screening guidance?*	*[32][39]*

Audit use: These checklist items do not assume that every risk will occur. They identify material domains that should be disclosed where a clinic offers, facilitates, or advertises masculinising hormone therapy, especially where services are described as “safe,” “evidence-based,” or provided through an informed consent model.

TABLE 4: SURGERY REFERRAL PATHWAY: MATERIAL DISCLOSURE DOMAINS

Note: These checklist items are not intended to imply that the audited clinic performs these surgeries directly. They are relevant where a clinic advertises or facilitates "access to surgery," referrals, preparation, or pathway support. In that context, informed consent requires disclosure of material downstream risks, uncertainties, irreversibility, and the limits of available outcome data.

Procedure	Consequence	Why material to consent	Typical timeline	Reversible?	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
Vaginoplasty (Male)	*Urinary complications (e.g., UTI, meatal stenosis, urethral stricture, poor stream), may require conservative/medical/surgical management*	*Urinary complications may affect long-term function, quality of life, need for further treatment, and expectations about surgical outcomes. Because complication rates vary by technique, centre, follow-up period, and reporting method, consumers need both general risk disclosure and, where available, clinic or referral-network outcome data.*	*Med.–Long*	*Often treatable; some may recur*	*Meta-analytic synthesis exists; procedure-specific pooled rates vary widely across complication types; standardisation needs emphasised*	*Low–Moderate*	*Does the clinic disclose that surgical pathways may involve procedure-specific urinary complications, including UTI, meatal stenosis, urethral stricture, poor urinary stream, recurrence, and possible need for further medical or surgical management?*	*[33][40]*
Vaginoplasty (Male)	*General surgical risks: bleeding, infection, wound complications, anesthesia risks; possible need for revision; long-term dilation burden*	*General surgical risks, revision risk, wound complications, and the long-term burden of dilation are material because they affect permanence, daily management, recovery expectations, and future healthcare needs. Consumers should not be*	*Short–Long*	*Variable*	*Incidence varies by centre, technique, and follow-up; often under-reported systematically*	*Low*	*Does the clinic disclose general and procedure-specific surgical risks, including bleeding, infection, wound complications, anaesthesia risks, revision surgery, scarring, and long-term dilation or maintenance requirements?*	*[34][41]*

Procedure	Consequence	Why material to consent	Typical timeline	Reversible?	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
		left with a generalised impression of "access to surgery" without understanding that surgery may create ongoing obligations and complications.						
Phalloplasty (Female)	*Urethral fistula/stenosis; standing urination goals; prosthesis complications; sensation outcomes*	*Phalloplasty carries substantial functional and complication risks, especially urethral fistula/stenosis, prosthesis complications, sensation outcomes, and possible limits on standing urination. These risks are highly material because they may require staged surgery, revision procedures, prolonged recovery, and acceptance of uncertain functional outcomes.*	*Med.–Long*	*Many complications require additional surgery; some functional limits may persist*	*Meta-analysis reports pooled urethral fistula/stenosis ~48.9%; standing voiding ~91.5%; prosthesis complications ~27.9% (definitions vary)*	*Low–Moderate*	*Does the clinic disclose that phalloplasty may involve high rates of urethral complications, prosthesis complications, staged procedures, uncertain sensation outcomes, and possible need for further surgeries?*	*[35][42]*
Phalloplasty / metoidioplasty (Female)	*Urethral outcomes after urethral lengthening: fistula/stricture recurrence*	*Urethral lengthening complications may be recurrent and may require additional operations. Because outcomes vary significantly by technique and reporting is not standardised, consumers need to understand both the possibility of repeated*	*Med.–Long*	*Often requires re-operation; recurrence possible*	*Systematic review emphasises paucity of standardised data; outcomes vary by technique and staging*	*Low*	*Does the clinic disclose urethral-lengthening risks, including fistula, stricture, recurrence, re-operation, and uncertainty caused by limited or non-standardised outcome reporting?*	*[36][43]*

Procedure	Consequence	Why material to consent	Typical timeline	Reversible?	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
		intervention and the uncertainty of available data.						
Mastectomy ("top surgery") (Female)	*Surgical complications (hematoma/seroma, infection, nipple complications), revision surgeries; possible sensory changes and scarring*	*Mastectomy is irreversible because breast tissue is removed. Surgical complications, revision risk, sensory changes, scarring, and nipple complications are material to consent because they affect body function, appearance, future reconstructive options, and long-term satisfaction.*	*Short–Long*	*Irreversible (tissue removal); some issues treatable*	*Exact pooled complication frequencies vary; summarised evidence exists but access limitations prevented full extraction here; clinics should disclose center-specific data*	*Low (quantification here), Moderate (general surgical principle)*	*Does the clinic disclose that chest surgery is irreversible and may involve hematoma, seroma, infection, nipple complications, sensory loss, scarring, revision surgery, and variation in cosmetic or functional outcomes?*	*[37][44]*
Gonadectomy (orchiectomy/oophorectomy) (Male/Female)	*Permanent infertility; lifelong need for hormone management to protect bone/cardiometabolic health; surgical risks*	*Gonadectomy causes permanent infertility and creates lifelong dependence on appropriate hormone management to protect bone, cardiovascular, and metabolic health. This is among the most material consent issues because it affects reproductive capacity, long-term medical monitoring, and irreversible loss of gonadal function.*	*Med.–Long*	*Irreversible*	*Frequency depends on uptake patterns; harms derive from known physiology plus surgical complication rates*	*Moderate (mechanistic), Low (population quantification in GD pathways)*	*Does the clinic disclose that gonadectomy is irreversible, causes permanent infertility, may require lifelong hormone management, and has implications for bone, cardiovascular, metabolic, and general health monitoring?*	*[38][45]*

Procedure	Consequence	Why material to consent	Typical timeline	Reversible?	Estimated frequency (or range)	Evidence quality	Checklist item derived	Key citations
All gender-affirming surgeries	*Regret/ dissatisfaction; detransition (concepts overlap but differ)*	*Regret, dissatisfaction, detransition, or changed goals are material even where reported regret rates are low, because measurement is inconsistent, follow-up is incomplete, and reversal is often limited or impossible. Consent should include both best available estimates and the limitations of those estimates.*	*Long*	*Variable; some revisions possible; reversal often limited*	*Systematic review/meta-analysis reports low prevalence of regret overall but highlights heterogeneity, non-standard measurement, and incomplete follow-up*	*Low–Moderate*	*Does the clinic disclose the possibility of regret, dissatisfaction, changed treatment goals, detransition, limited reversibility, and the evidence limitations around regret/detransition data, including loss to follow-up and inconsistent measurement?*	*[39][46]*

Audit use: These checklist items do not assume that every risk will occur. They identify material domains that should be disclosed where a clinic offers, facilitates, or advertises surgical referral pathway, especially where services are described as “safe,” “evidence-based,” or provided through an informed consent model.

FOOTNOTES -

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[4] Sami-Matti Ruuska, Kirsi Tuisku, Tuuli Holttinen and Riittakerttu Kaltiala, '**Psychiatric Morbidity Among Adolescents and Young Adults Who Contacted Specialised Gender Identity Services in Finland in 1996–2019:** A Register Study', Acta Paediatrica, published online 4 April 2026, https://doi.org/10.1111/apa.70533

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[6] "Good medical practice: a code of conduct for doctors in Australia" https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx

[7] Relevant sections: Section 3. Providing good care, Section 4. Working with patients and Section 8. Patient safety and minimising risk
3.2.4 Considering the balance of benefit and harm in all clinical-management decisions.
3.2.5 Communicating effectively with patients (see section 4.3).
3.2.6 Providing treatment options based on the best available information.
3.2.7 Only recommending treatments when there is an identified therapeutic need and/or a clinically recognised treatment, and a reasonable expectation of clinical efficacy and benefit for the patient.
3.4.4 Giving priority to investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment.
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: 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.
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.

8. Patient Safety and Minimising Risks

CITATION LINKS

[8]Jo Taylor, Alex Mitchell, Ruth Hall et al., 'Interventions to Suppress Puberty in Adolescents Experiencing Gender Dysphoria or Incongruence: A Systematic Review', Archives of Disease in Childhood, 2024, https://doi.org/10.1136/archdischild-2023-326669 , PDF available at White Rose Research Online: https://eprints.whiterose.ac.uk/id/eprint/211412/1/archdischild-2023-326669.full.pdf
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