

14 June 2025

Professor Steve Wesselingh  
Chief Executive Officer  
National Health and Medical Research Council (NHMRC)

Dear Professor Wesselingh

Thank you for your reply of 27 May 2025 via Alan Singh, Executive Director, Research Quality and Advice, to our letter to you of 16 April 2025.

We wrote to you about the assessment **and** treatment of children and young Australians presenting with all forms of confusion and discomfort with their biological sex. We requested your authoritative advice about what best evidence-based clinical guidance Australian clinicians should follow to enable informed consent until 2028 when you publish Australian guidelines.

In reply, Mr Singh requested information about the formal advice, to which we referred in our letter, that the NHMRC previously provided advising that Australia is bound by clinical guidance from the UK when we have a vacuum of quality advice in Australia and theirs is recently confirmed. Here we provide that information and again request your authoritative advice.

We have seen a copy of a letter from the Minister for Health to the community in mid-2023 regarding the status of NHMRC's 2012 *Clinical Practice Guideline for the management of borderline personality disorder*, where the Minister stated that:

*Approval was granted for five years, after which the Guidelines were rescinded as the evidence was deemed to be out of date. This is standard practice for all clinical practice guidelines developed by the NHMRC, and for those developed by third parties and approved by the NHMRC. The NHMRC now directs clinicians to guidelines published in the United Kingdom, which were updated in 2018.*

For context, we understand our 2012 NHMRC Australian BPD guideline was based on the UK's 2009 NICE Clinical Guidance 78 *Borderline personality disorder: recognition and management*. Further, we understand the UK confirmed their clinical guideline was still valid in 2018 and again in mid-2024.

This is why we suggest you might advise it is a logical health policy and clinical advice precedent that, in the absence of an Australian guideline, we are already under the UK's if theirs is evidence-based and recently confirmed.

Otherwise, if only by implication of your ongoing silence, we can only assume you are advising that our clinicians and community should continue, until 2028, to follow 'guidance' that we already know fails to meet any of the NHMRC *Standards for Clinical Guidelines*.

We are sure that the NHMRC would be aware that in circa 2018 the NHMRC itself screened Melbourne's then just-released Royal Children's Hospital-badged guidance against your *Standards for Clinical Guideline* and found it '*did not include a funding statement, an evidence base for the recommendations or information about conflict of interest*'.

Now, not only has the UK Cass Review, on p. 129, confirmed the NHMRC's 2018 judgement about the RCH guideline, but the recent judgement of Federal Court Justice Strum, for Re Devin, has confirmed this previous NHMRC screening and also shredded the credibility of the RCH guideline by its analysis of cross-examination of Professor Telfer. To use the description of very low-quality evidence from your website: '*We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect*'.

So, Professor Wesselingh, we again request your authoritative advice about what best evidence-based clinical guidance we at AF4WR can expect Australian clinicians to follow to enable informed consent until 2028 when you publish Australian guidelines.

Our members will be grateful to receive your advice at your earliest convenience on this matter.

Yours sincerely



**Emeritus Professor Bronwyn Winter**  
**Co-Convenor, Australian Feminists for Women's Rights**

cc. The Hon Mark Butler MP, Minister for Health and Ageing  
The Hon Anthony Albanese MP, Prime Minister of Australia